

You may now pay this fee Online!



Beginning June 5, 2024, ePay is now available for Division of Real Estate licensure related fees.

Applicants and licensees may submit one-time payments online in place of sending a check or money order.

To pay online, please visit <https://idfpr.illinois.gov/epay.html>.

Once paid, complete the Payment Method section below and email your application, supporting documents, and this page to fpr.realestate@illinois.gov.

Access the
ePay site via
QR Code here



Important: Please complete the "Payment Method" section below for each application to ensure proper handling:

Payment Method

Online – Paid Online at: <https://idfpr.illinois.gov/epay.html> in the amount of . Approved #

Check/Money Order. Check#

Application Type: "License by Exam"



AUCTIONEER LICENSE APPLICATION

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

Division of Real Estate
320 West Washington Street
Springfield, Illinois 62786
fpr.realestate@illinois.gov

APPLICATION INSTRUCTIONS

1. Type or Print legibly - all questions must be answered and all included forms must be completed.
2. Attach your PSI Exam Report as proof of passing the Illinois Auctioneer Licensing exam.
3. Submit an application fee of \$200 via ePay, check, or money order payable to the Illinois Department of Financial and Professional Regulation.

Important Notice: Completion of this form is necessary to fulfill the requirements outlined in the Illinois Auction License Act 225 ILCS 407. Disclosure of this information is **REQUIRED**. Failure to comply may result in this form not being processed. The application fee must accompany this application and is **NOT REFUNDABLE**.

NAME (First, Middle Initial, Last)

DATE OF BIRTH (MM/DD/YYYY):

ADDRESS (Street, City, State, Zip Code)

SOCIAL SECURITY NUMBER (or ITIN):

PHONE #:

EMAIL ADDRESS (used for official Department notifications):

PERSONAL HISTORY QUESTIONS (This part must be completed by all Applicants)

YES NO

1. Have you graduated high school, received your GED, or other high school equivalency?

2. Have you ever been convicted or pled guilty to a misdemeanor or felony, or received an administrative sanction for an offense in any state or jurisdiction? Do not include minor traffic violations.

If yes, submit documentation for each conviction, plea, or sanction that includes an official copy of the court or agency document that shows the offense, the final disposition, if probation was served, and whether all conditions of the sentence or sanction have been met. Submit a brief statement indicating what you have been doing since your conviction, release, or offense. **Please do not include records, such as juvenile records, arrests without a conviction, or convictions that have been overturned or sealed.**

3. Have you ever been denied a professional license, permit, certification or had a professional license, permit, or certification disciplined in any way by any licensing authority? If yes, submit a copy of the denial letter and/or statement of discipline.

4. Are you delinquent on State taxes or child support payments? If yes, submit a statement concerning any payment agreement and an official document from the Illinois Department of Revenue or the Illinois Department of Healthcare and Family Services relating to your agreement.

5. Are you a business owner or an employer and delinquent on workers' compensation obligations as determined by the Illinois Workers' Compensation Commission or the Department of Insurance? If yes, submit a statement concerning any agreement reached and an official document from the Illinois Workers Compensation Commission or the Illinois Department of Insurance relating to your agreement.

CERTIFICATION AND SIGNATURE

I have read this application in its entirety and, to the best of my knowledge, all statements are true, correct, and accurate. I understand that providing false or fraudulent information may subject me to disciplinary action.

Printed Name

Signature

Date

Payment Method

Online – Paid Online at: <https://idfpr.illinois.gov/epay.html> in the amount of

Approved #

Check/Money Order. Check#

Licensure Method: "License by Exam"



45-DAY PERMIT SPONSOR CARD

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

Division of Real Estate

PO Box 7570

Springfield, Illinois 62791

FPR.Realestate@illinois.gov

If you will be self-sponsored you must complete the 45-day permit on your own behalf.
This form is required to be completed in order to apply for licensure as an Auctioneer.

SPONSORED LICENSEE INFORMATION

CURRENT DATE

LICENSE NO.

NAME

SOC SEC NO. (or ITIN)

DBA(if applicable)

MAILING ADDRESS

CITY, COUNTY, STATE, ZIP CODE

TELEPHONE NUMBER

EMAIL

SPONSORING AUCTION FIRM OR AUCTIONEER INFORMATION

AUCTIONEER OR
AUCTION FIRM NAME

LICENSE NO.

D/B/A (IF APPLICABLE)

MAILING ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

EMAIL

BY
MANAGING AUCTIONEER SIGNATURE

LICENSE NO.

Attach completed form to your application for licensure and submit to:

IDFPR - Division of Real Estate

PO Box 7570

Springfield, Illinois 62791

FPR.RealEstate@illinois.gov



CONSENT TO EXAMINE AND AUDIT SPECIAL ACCOUNTS

Illinois Department of Financial and Professional Regulation
Division of Real Estate
PO Box 7570
Springfield, IL 62791-7570
FPR.Realestate@illinois.gov

*Important Notice: Completion of this form is necessary to accomplish the requirements outlined in Auction License Act [Public Act 91-0603]. Disclosure of this information is **REQUIRED**. Failure to comply may result in this form not being processed. This form has been approved by the Agency Forms Coordinator.*

This form is required to be completed by all auctioneer and auction firm applicants whether or not you hold special accounts or escrow monies. Please mark the appropriate box. (This form is also to be used in the event your accounts should change.)

- I have one or more special accounts, and authorize a representative of Department of Financial and Professional Regulation to examine those accounts. **(Please complete Parts A , B and C of this form.)**
- I **do not** accept escrow monies, and **do not** hold monies belonging to others. Therefore, I do not maintain any special accounts. **(Please complete Part A and C of this form.)**

PART A: AUCTIONEER/AUCTION FIRM INFORMATION

1. Name of Auctioneer or Auction Firm	4. Name of Responsible Person Other Than the Auctioneer
2. Mailing Address (Street, City, State, and Zip Code) P.O. Box if applicable	5. Mailing Address of Responsible Person (Street, City, State and Zip Code) P. O. Box (if applicable)
3. License number (Accounts held under)	6. Social Sec. No., TTTN, or FEIN
Email Address: _____	

PART B: DEPOSITORY AT WHICH SPECIAL ACCOUNT(S) ARE MAINTAINED.

1. Name and Street Address of Federally Insured Depository (Bank or Savings and Loan Association)

- a. Name of Depository _____
 Street Address _____
 City, State, Zip Code _____
- b. Name of Depository _____
 Street Address _____
 City, State, Zip Code _____

2. List Those Persons Authorized to Withdraw Funds from the Above-Named Special Account

Name	Title	License Number (if applicable)

PART C: AUTHORIZATION TO EXAMINE AND AUDIT SPECIAL ACCOUNTS LISTED ABOVE

I hereby authorize the above named-depository to allow, at any time, a duly authorized representative of Illinois Department of Financial and Professional Regulation to examine and audit the above named special account(s). I am one of the individuals listed under Part B (2) above.

Printed Name of Managing Auctioneer	License Number	Date
Signature of Managing Auctioneer	Title	