

## REAL ESTATE EDUCATION PROVIDER LOCATION ADDITION FORM



**Illinois Department of Financial and Professional Regulation**  
Division of Real Estate  
320 West Washington Street  
Springfield, IL 62786  
[FPR.realestateeducation@illinois.gov](mailto:FPR.realestateeducation@illinois.gov)

**PROFESSION  
CODE**  
  
**511**

**Important Notice:** Completion of this form is necessary to accomplish the requirements outlined in The Real Estate Licensing Act of 2000. 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.

1. Education Provider Name

2. Education Provider License Number

**515-**

3. Provider Main Address (include street, city, state and zip code)

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\_\_\_\_\_

4. Administrator Name

5. Provider Main Telephone Number  
(include Area Code)

Email Address:

6. Location Name

7. What is the Maximum enrollment for any one course at the location?

8. Location Address (include street, city, state, and zip code)

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\_\_\_\_\_

I hereby certify that all information herein is true and accurate to the best of my knowledge, that I am the person legally authorized to sign this application, and that the above facilities comply with all applicable community fire codes, building codes and health and safety standards and all requirements set forth in the Illinois Real Estate License Act and its associated Administrative Rules.

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

**IL 505-0337 (Rev 3/19)**