

# You may now pay this fee Online!



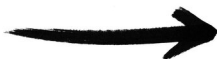
**Beginning June 5, 2024, this new payment option will be available for Division of Real Estate licensure related fees.**

**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](mailto: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# \_\_\_\_\_

Licensure Method: "Endorsement"



## REAL ESTATE APPLICATION FOR LICENSURE BY ENDORSEMENT (For Broker & Managing Broker Professions ONLY)

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
DIVISION OF REAL ESTATE  
PO BOX 7570  
SPRINGFIELD, IL 62791-7570  
[FPR.Realestate@illinois.gov](mailto:FPR.Realestate@illinois.gov)

**Important Notice:** Completion of this form is necessary to accomplish the requirements outlined in the Illinois Real Estate License Act of 2000 {225 ILCS 454}. Disclosure of this information is REQUIRED. Failure to comply may result in this application not being processed. This application has been approved by the Agency Forms Coordinator.

### PLEASE READ BELOW BEFORE STARTING THIS APPLICATION

To be considered eligible to apply for licensure by endorsement you must:

- Hold an active license in good standing as a broker, managing broker, or its equivalent in another state or jurisdiction.
- **For Managing Broker Applicants only:** have been in an active license status and have been actively practicing as a managing broker or its equivalent during the immediately preceding two years.

**IF YOU DO NOT MEET THE ABOVE QUALIFICATIONS, YOU ARE INELIGIBLE TO APPLY FOR LICENSURE BY ENDORSEMENT**

### APPLICATION INSTRUCTIONS:

Please read the instructions in their entirety before completing the application. For assistance, please email [FPR.Realestate@illinois.gov](mailto:FPR.Realestate@illinois.gov).

1. Type or print legibly with dark ink.
2. Your **Social Security number or Tax Identification Number is required** to be included on your application for identification purposes.
3. The enclosed forms and documents listed below must be completed and submitted with your application:
  - a. Certification by Licensing Agency/Board form completed by the licensing agency in each state in which you are licensed (alternatively, a Certification of License History issued by the licensing agency in each state in which you are licensed will be accepted).
  - b. **For Managing Broker Applicants who will be self-sponsored:** Consent to Examine and Audit Special Accounts.
  - c. Non-resident Consent/Certifying Statement form, if applicable.
  - d. Proof of completion of a Pre-license Endorsement Course in the form of a Uniform Real Estate Transcript issued by an IDFPR-approved real estate education provider.
  - e. A score report reflecting passage of the Real Estate Endorsement Examination on Illinois real estate brokerage laws.
  - f. A **non-refundable** application fee payment of \$150 for Broker applicants, or \$175 for managing broker applicants. Fees may be paid electronically (see ePay cover sheet) or mailed in the form of a check or money order payable to *IDFPR*.
  - g. Applicants who wish to be licensed with an Active license status must provide proof of sponsorship by an Illinois actively licensed brokerage firm or self-sponsored managing broker by including a completed Sponsor Card with this application. Applicants who do not provide a Sponsor Card will be issued a license with an Inactive license status upon approval.

Send the completed application with all supporting documentation and fee payment to the address at the top of this form.



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### PART I. SELECT THE PROFESSION FOR WHICH YOU ARE APPLYING:

Real Estate Broker (\$150 Application Fee)

Real Estate Managing Broker (\$175 Application Fee)

### PART II APPLICANT INFORMATION

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):

### PART III PERSONAL HISTORY QUESTIONS (ALL QUESTIONS MUST BE ANSWERED)

	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. <b>Please do not include records, such as juvenile records, arrests without a conviction, or convictions that have been overturned or sealed.</b>		
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.		

### PART VI. ATTESTATION AND SIGNATURE

Under penalties of perjury, I attest that I have examined the application and all supporting documents submitted by me in connection therewith and to the best of my knowledge, they are true, correct, and complete. I further attest that I have read and understand the Real Estate License Act of 2000 and its Administrative Rules for the profession for which I am seeking a license and agree to abide by all provisions contained therein. I also understand that the application fees are not refundable.

\_\_\_\_\_  
Typed/Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant



**CERTIFICATION BY LICENSING AGENCY /BOARD**  
ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL  
REGULATION Division of Real Estate  
PO Box 7570  
Springfield, IL 62791-7570  
[FPR.Realestate@illinois.gov](mailto:FPR.Realestate@illinois.gov)

**APPLICANT:** Complete this section only. Forward it to the state from which you are requesting certification by a licensing agency/board. Contact certifying state for appropriate fee. You are authorized to photocopy this form as necessary if licensed in more than one state.

1. Name Last First Middle	2. Date of Birth __/__/__ Month Day Year	3. Social Security Number or ITIN. ___/___/___
4. Address Street, City, State, Zip Code  Email Address:	5. Maiden or Given Surname	
	6. Indicate Profession Name for Which You Are Applying:  <input type="checkbox"/> Managing Broker <input type="checkbox"/> Broker <input type="checkbox"/> Instructor	
7a. Name of Profession as it appears on license from the state to which this form is being forwarded.	7b. License Number	
	7c. Issuance Date of License	
	7d. Licensed by: <input type="checkbox"/> Examination <input type="checkbox"/> Reciprocity <input type="checkbox"/> Endorsement	

I hereby authorize \_\_\_\_\_ to furnish to the Illinois Department of  
*Name of State Licensing Agency or Board*  
Financial and Professional Regulation, the information requested below.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**LICENSING AGENCY:** Other forms of Certification will be accepted, provided all applicable information requested on this form is contained in the Certification, Return completed form directly to the applicant.

**CERTIFICATION OF LICENSE**

A. Name of Profession as it appears on license	B. License Number
C. Issuance Date of License	D. Expiration Date of License
E. Current License Status <input type="checkbox"/> Active <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive <input type="checkbox"/> Other (Explain) _____	
F. Is there now or has there ever been any disciplinary action commenced against the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
G. If "F" is answered yes, has there ever been any formal sanctions imposed against the applicant's license as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? (If yes, attach a certified copy of disciplinary action.) <input type="checkbox"/> Yes <input type="checkbox"/> No	

**I certify that the information contained herein is true and correct according to the official records of this state.**

Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

Agency/ Board Street Address, City, State, Zip Code  
and Telephone Number  
\_\_\_\_\_  
\_\_\_\_\_

**DIGITAL OR  
EMBOSSSED SEAL**



## 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

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- ☐ I **have** one or more special accounts, and authorize a representative of the Illinois Department of Financial and Professional Regulation to examine those accounts. (Please complete both Parts A and B 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 only Part A of this form.)

### PART A: SPONSORING BROKER INFORMATION

1. Name of Individual Managing Broker (Sole Proprietor), Partnership, Corporation, or Limited Liability Company

2. Business Address (Street, City, State, Zip Code)

3. Telephone Number ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_

4. Email Address:

5. License Number

### PART B: DEPOSITORY AT WHICH REAL ESTATE SPECIAL ACCOUNT(S) ARE MAINTAINED. A separate Consent to Examine and Audit form is required for each depository at which you maintain special account(s). Copy this form as needed.

1. Name and address of Bank or Savings and Loan Association

\_\_\_\_\_  
\_\_\_\_\_

2. Specific Special Accounts to be Examined and Audited

Title(s) of Special Account(s)	Account Number	Identifying Number(s) Required by IRS (FEIN or Social Security No.)

3. List Those Persons Authorized to Withdraw Funds From the Above-Named Special Account

Name	Title	License Number

I hereby authorize the above named-depository to allow, at any time, a duly authorized representative of the 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(3) above.

\_\_\_\_\_  
Signature of Designated Managing Broker

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date



ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

Division of Real Estate

PO Box 7570

Springfield, IL 62791-7570

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**NON-RESIDENT CONSENT/CERTIFYING STATEMENT**

I hereby consent that if actions are commenced against me in a court of competent jurisdiction in this State by the service of summons, process, or other pleading authorized by law upon this Agency, I consent, stipulate, and agree that the service of process, summons, or pleading upon the Agency shall be taken and held in all courts to be valid and binding as if actual service had been made upon me as the applicant or individual in Illinois.

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Typed/Printed Name of Applicant

Date

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Signature of Applicant



## REAL ESTATE SPONSOR CARD

Illinois Department of Financial and Professional Regulation - Division of Real Estate

PO Box 7570

Springfield, Illinois 62791-7570

[FPR.REALESTATE@ILLINOIS.GOV](mailto:FPR.REALESTATE@ILLINOIS.GOV)

- To become licensed with an Active license status, you must complete this form in its entirety and submit it with your application for licensure.
- If you are a managing broker and wish to self-sponsor, you must complete the Sponsor Card on your own behalf.
- Retain a copy for the employee and a separate copy for the sponsoring broker.

### EMPLOYEE INFORMATION

*Employee's individual address must be different from the sponsoring broker's address, unless you are a self-sponsored managing broker with an authorized office at your residence as set forth in 68 Ill. Admin Code 1450.610.*

Date:		Social Security No. (or ITIN):	
Name:			
Mailing Address:			
City, County, State, Zip Code:			
Telephone Number:		E-mail Address:	
Managing Broker		Broker	

### SPONSORING BROKER INFORMATION

Sponsoring Broker Name:	
Sponsoring Broker D/B/A (if applicable):	Sponsoring Broker License No.:
<i>Must be registered/certified with appropriate entity &amp; filed with Department.</i>	
Mailing Address:	Sponsoring Broker Email:
City, County, State, Zip Code:	
Telephone Number:	Designated Managing Broker License No.:
Designated Managing Broker Name:	Designated Managing Broker Signature: