

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.

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: "Reciprocity"



REAL ESTATE APPLICATION FOR LICENSURE BY RECIPROCITY

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION DIVISION OF REAL ESTATE

For Broker and Managing Broker Professions ONLY

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.

APPLICATION INSTRUCTIONS FOR LICENSURE ON THE BASIS OF RECIPROCITY:

- a) You must be actively licensed by examination in the state from which you are applying.
- b) Illinois must have a written reciprocal agreement with the state in which you are currently licensed by examination.
- c) You must take and pass the Illinois Reciprocity Examination.
- d) Your sponsor must have an active managing broker license in Illinois. A managing broker can self-sponsor.
- e) For Managing Broker Applicants only: your license must have been in an active status in the reciprocal state during the immediately preceding two years.

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

If licensee establishes residence in Illinois, the licensee must notify the office of his/her new address.

Please read the below instructions in their entirety before completing this application. For assistance, please email FPR.Realestate@illinois.gov.

1. Type or print legibly with dark ink.
2. Your **Social Security number or ITIN is required** to be on your application for our identification use only.
3. The enclosed forms and documents listed below must be completed and submitted with your application:
 - a. Certification by Licensing Agency/Board (alternatively, a Certification of License History issued by your State(s) of licensure will be accepted).
 - b. **Managing Broker Applicants Only** – Broker experience is to be completed by your sponsoring broker verifying active practice as a broker for a minimum of 2 years immediately prior to submission of this application. A self-employed broker needs to complete the employer section on his own behalf.
 - c. **For Managing Broker Applicants:** Consent to Examine and Audit Special Accounts.
 - d. Your passing score report for the Illinois Reciprocity examination.
 - e. Signed Non-resident Consent/Certifying Statement.
 - f. A completed Sponsor Card, signed by the designated managing broker of your sponsoring firm or, for managing broker applicants who wish to self-sponsor, signed by yourself.
 - g. 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. Note: If you already submitted an online application via your Online Services Portal account, DO NOT submit another payment with this form.

Mail or email completed application with all supporting documentation and fee to:

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

REAL ESTATE APPLICATION FOR LICENSURE BY RECIPROCITY

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

PART I. SELECT THE PROFESSION FOR WHICH YOU ARE APPLYING (Check one):

Real Estate Broker (\$150 Application fee)

Real Estate Managing Broker (\$175 Application fee)

PART II. APPLICANT'S PERSONAL INFORMATION

1. **NAME** (Last , First and Middle) 2. **SOCIAL SECURITY NUMBER** or ITIN (Required)

3. **PERMANENT MAILING ADDRESS** – Any change of address must be submitted in writing to the IDFPR.

Street Address

City, State Zip Code

Email Address

4. **Date of Birth**

___ - ___ - ___

Month Day Year

5. **Phone Number**

(___) ___ - ____

PART III. Licensure History

State Of Original Licensure	Profession ____ Broker ____ Salesperson	License Number	Original Issue Date	Current Status
State(s) of Current Licensure	____ Broker ____ Salesperson			
Other State(s) of Licensure	____ Broker ____ Salesperson			



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

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. ___/___/___
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	

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

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. Reciprocal Registration This State <input type="checkbox"/> does <input type="checkbox"/> does not have a reciprocal agreement with Illinois.
G. Is there now or has there ever been any disciplinary action commenced against the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
H. If "G" 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

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

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 form not being processed. This form has been approved by the Agency Forms Coordinator.

- 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. License Number

Email Address:

PART B: DEPOSITORY AT WHICH REAL ESTATE SPECIAL ACCOUNT(S) ARE MAINTAINED. A separate Consent to 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	Sex	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 Managing Broker

License Number

Date

Title _____

IL 505-0341 (Rev 11/23)



ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

Division of Real Estate

PO Box 7570

Springfield, IL 62791-7570

NON-RESIDENT CONSENT/CERTIFYING STATEMENT

I hereby consent with the IDFPR that actions may be commenced against me in a court of competent jurisdiction in this State by the service of summons, process, or other pleading authorized by the law upon this Agency. The consent shall stipulate and agree that service of the 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 the applicant in Illinois.

CERTIFYING STATEMENT

I hereby attest to having read and understood the Illinois Real Estate Licensing Act of 2000, Rules and agree to abide by all provisions contained therein. I hereby submit this application, and upon oath states and verifies that all statements made are true, correct and are made for the purpose of securing a license under the Real Estate Act of 2000.

Typed/Printed Name of Applicant

Date

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

- 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	
<i>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.</i>	
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 & 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: