



STATE OF ILLINOIS
Department of Financial
and Professional Regulation

Reciprocity Application
for Licensure Under the
Real Estate License Act

**Illinois Department of Financial and
Professional Regulations
Division of Real Estate
320 West Washington Street
Springfield, IL 62786
Phone: 800-560-6420**

IL 505-0347 (Rev 1/16)

RECIPROCITY APPLICATION

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION DIVISION OF REAL ESTATE

Broker/Managing Broker Professions

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.

I. 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 portion of the licensure examination.
- d) Your sponsor must have an active broker or managing broker license in Illinois. A managing broker can self-sponsor. After 4/30/2012, your sponsor must have a managing broker license.
- e) For Managing Broker Applicants only: your broker license must have been in an active status during the immediately preceding two years.

IF YOU DO NOT MEET THE ABOVE QUALIFICATIONS, YOU MUST APPLY FOR LICENSURE ON THE BASIS OF EXAMINATION.

DO NOT COMPLETE THIS APPLICATION TO APPLY FOR THE REAL ESTATE EXAMINATION.

Any license issued under these provisions shall be valid, and may be renewed provided the reciprocal state maintains an agreement with Illinois. If licensee establishes residence in Illinois, the licensee must notify the office of his/her new address.

II. Please read the entire instructions before completing the application. Complete only the necessary steps that apply to you. To obtain assistance in completing this application, please call 800-560-6420, (TTY) 866-325-4949.

Original/Official Documents – Original/Official documents will be returned if you provide a copy of document(s) and a self-addressed stamped envelope.

1. Type or print legible with **black ink** only.
2. Your **Social Security number is required** to be on your application for our identification use only.
3. All forms are required to be completed in their entirety:
 - a. Personal History and Non-resident Consent.
 - b. Certification of Licensure - must be completed by the state of original licensure and your current state of licensure.
 - c. **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.
 - d. Submit your pass notice for the Illinois Portion of the examination.
 - e. **Broker fee required: \$125. Managing Broker fee required: \$150.** Must be in the form of a check or money order payable to:

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION.

Mail application with all supporting documentation and fee to:
Illinois Department of Financial and Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, IL 62786

RECIPROCITY APPLICATION
Illinois Department of Financial and Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, IL 62786

PART I. APPLICATION FOR THE FOLLOWING PROFESSION

1. Profession Name for which this application is being completed: (Managing Broker) fee: \$150
 (Broker) fee: \$125

PART II. APPLICANT'S PERSONAL INFORMATION

- | | |
|----------------------------------|--------------------------------------|
| 1. NAME (Last, First and Middle) | 2. SOCIAL SECURITY NUMBER (Required) |
|----------------------------------|--------------------------------------|

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

Street Address

City, State Zip Code

Email Address

4. Maiden, given surname, or any name(s) under which supporting documents will be submitted.

- | | | | |
|---------------------|--|--|--|
| 5. Place of Birth | 6. Date of Birth | 7. Age | 8. Sex |
| City, State Country | <div style="text-align: center;"> ____ ____ ____

 Month Day Year </div> | <div style="text-align: center;"> ____
 _____ </div> | <div style="text-align: center;"> ____
 _____ </div> |

9. Telephone Number(s)

Daytime(____) ____ - ____

Evening(____) ____ - ____

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			

PART IV. PERSONAL HISTORY QUESTIONS (ALL MUST BE ANSWERED)

	YES	NO
1. Are you a high school graduate or have you received a G.E.D.?		
2. Have you been convicted in ANY state or federal jurisdiction, including military courts, of a felony?		
3. Have you been convicted in ANY state or federal jurisdiction, including military courts, of any crime of which an essential element was dishonesty?		
4. Have you ever held, or do you currently hold, a real estate license in any other state/jurisdiction?		
5. Have you been denied a professional license or permit or the privilege of taking an examination?		
6. Have you ever had a professional license or permit disciplined by any licensing authority in Illinois or any other state/jurisdiction?		
7. Have you ever been discharged from the armed services, other than honorable, or from a city, county, state, or federal position?		
8. Are you more than 30 days in arrears on any court ordered child support payments?		
9. Are you in arrears on any state taxes due to the Illinois Department of Revenue?		
10. Are you in arrears on any student loan acquired through the Illinois Student Assistance Commission?		

MANAGING BROKERS ONLY**YES NO**

11. The managing broker has been actively practicing as a managing broker in the managing broker's state of licensure for a period of not less than 2 years, immediately prior to the date of application.		
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PART V. EXPERIENCE VERIFICATION- This must be completed and signed by your sponsoring broker.

Applicant Name Last First Middle

Sponsoring Broker Name	License Number
Firm Address Street City, State and Zip	Firm License Number (if applicable)
	Firm Telephone Number

Date of Employment From ___/___/___ To ___/___/___
month/day/year month/day/year

Please provide a brief description of the license activities performed by the applicant.

Under penalties of perjury, I hereby declare that this information is true and correct.

Sponsoring Broker's Name (Printed) Signature Date

PART VI. 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 STATEMENTS

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 License Act of 2000.

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
 320 West Washington Street
 Springfield, IL 62786

REAL ESTATE LICENSING 800/ 560-6420

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 _____	Agency/ Board Street Address, City, State, Zip Code and Telephone Number
Print Name _____	_____
Title _____	_____
Date _____	_____

EMBOSSSED SEAL



CONSENT TO EXAMINE AND AUDIT SPECIAL ACCOUNTS

Illinois Department of Financial and Professional Regulation
Division of Real Estate
320 West Washington Street
Springfield, IL 62786
Real Estate Licensing 800/560-6420

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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. 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

Blank lines for name and address of Bank or Savings and Loan Association

2. Specific Special Accounts to be Examined and Audited

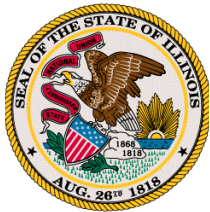
Table with 3 columns: Title(s) of Special Account(s), Account Number, Identifying Number(s) Required by IRS (FEIN or Social Security No.)

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

Table with 4 columns: 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



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Typed/Printed Name of Applicant

Date

Signature of Applicant