

# 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# \_\_\_\_\_

Application Type: "Restoration"



# RESTORATION APPLICATION

Residential Leasing Agent / Broker / Managing Broker

# RS

**IMPORTANT NOTICE:** Completion of this form is required for consideration under 225 ILCS 454 of the Illinois Compiled Statutes. Disclosure of this information is required. Failure to comply may result in this form not being processed.

OFFICIAL USE ONLY

**\* NOTE: COMPLETE THIS FORM ONLY IF YOUR LICENSE HAS BEEN EXPIRED MORE THAN 2 YEARS BUT LESS THAN 5 YEARS. LICENSES EXPIRED MORE THAN 5 YEARS ARE INELIGIBLE FOR RESTORATION.**

## PART I: Application Category Information

1. Record the profession name, three digit profession code for which you are making application, and total fees due.  
 Profession Codes: ( 473-Residential Leasing agent 475-Real Estate Broker 471-Real Estate Managing Broker )

2. PROFESSION NAME \_\_\_\_\_ 3. PROFESSION CODE \_\_\_\_\_ 4. FEE = \$75.00 late fee + sum of all lapsed renewal fees  
 \$ \_\_\_\_\_

## PART II: Applicant Information

5. NAME			6. U.S. SOCIAL SECURITY NO. (or ITIN)
LAST	FIRST	MIDDLE	

7. PERMANENT MAILING ADDRESS			
STREET	CITY	STATE/PROVINCE	ZIP CODE

8. DATE OF BIRTH MM/DD/YYYY	9. MAIDEN OR GIVEN SURNAME	10. PHONE NUMBER

11. E-MAIL ADDRESS OF RECORD (required)	12. NAME AS IT APPEARS ON EXPIRED / INACTIVE LICENSE

13. EXPIRED/INACTIVE LICENSE NUMBER XXX-XXXXXX	14. ISSUANCE DATE OF EXPIRED / INACTIVE LICENSE MM/DD/YYYY	15. DATE EXPIRED / INACTIVE MM/DD/YYYY

16. IF YOU ARE RESTORING A RESIDENTIAL LEASING AGENT LICENSE—SUBMIT PROOF OF COMPLETION OF THE 8 HOUR RESIDENTIAL LEASING AGENT CORE COURSE.

17. IF YOU ARE RESTORING A BROKER LICENSE—SUBMIT PROOF OF COMPLETION OF 12 HOURS OF CE (4 HOURS OF CORE & 8 HOURS OF ELECTIVES, INCLUDING A 1-HOUR SEXUAL HARASSMENT PREVENTION TRAINING COURSE) AND PROOF OF COMPLETION OF POST-LICENSE EDUCATION.

Note: If the post license education was completed during your first license term, the Division will accept proof of completion in the form of a Uniform Real Estate Transcript issued by the education provider of the courses. If the post license education was not previously completed, you must complete the post license education prior to submitting this application.

18. IF YOU ARE RESTORING A MANAGING BROKER LICENSE, SUBMIT PROOF OF COMPLETION OF 12 HOURS OF CE (4 HOURS OF CORE, 8 HOURS OF ELECTIVES, INCLUDING A 1-HOUR SEXUAL HARASSMENT PREVENTION TRAINING COURSE AND THE 12 HR BROKER MANAGEMENT CE COURSE.

**19. LIST THE STATE(S) AND DATES WHERE YOU HAVE BEEN PRACTICING SINCE YOUR ILLINOIS LICENSE EXPIRED OR WAS PLACED ON INACTIVE STATUS (IF ANY). INCLUDE A BREIF DESCRIPTION OF DUTIES PERFORMED.**

STATE	NAME OF BUSINESS/INSTITUTION	DATES		DESCRIPTION OF DUTIES	LICENSE DISCIPLINED? (Y/N)
		From (Mo/Yr)	To (Mo/Yr)		

**PART III: Personal History Information**

<i>Note: This section <u>must</u> be completed by all applicants. The questions below are in reference to the time since your license has expired/placed inactive.</i>	YES	NO
20. 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>		
21. 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.		
22. Are you delinquent in 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.		
23. Are you a business owner or an employer and delinquent in 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 IV: Sponsorship**

	YES	NO
24. Do you currently have an actively licensed Sponsoring Broker? If NO, select the appropriate action below		
<p>Restore my license without a sponsoring broker (license will be Inactive)</p> <p>Add/change sponsor with Sponsor Card - \$35 fee (Selecting this option will open a link to the Sponsor Card)</p>		

**PART VI: AFFIDAVIT**

Under penalties of perjury, I declare 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 declare that I have READ the Real Estate License Act of 2000 and the Administrative Rules for the profession I am seeking exam approval for or licensure thereof. I also understand that the application fees are not refundable

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

\_\_\_\_\_  
Date

**Send your completed application, fee and any supporting documents to:**

Illinois Department of Financial and Professional Regulation  
P.O. Box 7570  
Springfield, Illinois 62791-7570  
[FPR.RealEstate@illinois.gov](mailto:FPR.RealEstate@illinois.gov)

**Have Questions?**

email: [fpr.realestate@illinois.gov](mailto:fpr.realestate@illinois.gov)