

You may now pay this fee Online!



Beginning June 5, 2024, ePay is now 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# _____

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: USE THIS FORM ONLY IF YOUR RESIDENTIAL LEASING AGENT, BROKER, OR MANAGING BROKER LICENSE HAS BEEN EXPIRED FOR MORE THAN 2 YEARS BUT LESS THAN 5 YEARS. IF YOUR LICENSE HAS BEEN EXPIRED FOR LESS THAN 2 YEARS, PLEASE CONTACT US AT THE EMAIL ADDRESS LOCATED AT THE BOTTOM OF THIS FORM TO REQUEST A LATE RENEWAL APPLICATION. LICENSES EXPIRED FOR MORE THAN 5 YEARS MUST MEET THE REQUIREMENTS OF A NEW APPLICANT.**

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

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 AN 8-HOUR RESIDENTIAL LEASING AGENT CORE COURSE FOR EACH LAPSED RENEWAL PERIOD.**

Proof of CE completion, as set forth in Section 5-10 and 5-50 of the Real Estate License Act, must be provided for each lapsed renewal. If your missed renewal cycles include your first renewal term, you do not need to complete CE or provide proof for that first renewal term.

17. IF YOU ARE RESTORING A BROKER LICENSE—SUBMIT PROOF OF COMPLETION OF 12 HOURS OF CE (INCLUDING A 1-HOUR SEXUAL HARASSMENT PREVENTION TRAINING COURSE) FOR EACH LAPSED RENEWAL AND, IF APPLICABLE, PROOF OF COMPLETION OF 45 HOURS OF POST-LICENSE EDUCATION.**

Proof of CE completion, as set forth in Sections 5-50 and 5-70 of the Real Estate License Act, must be provided for each lapsed renewal. If your missed renewal cycles include your first renewal term, you must complete the post license education referenced above for that first renewal term. If the missed renewal cycles do not include your first renewal term, you do not need to complete or provide proof of the post license education referenced above.

18. IF YOU ARE RESTORING A MANAGING BROKER LICENSE, SUBMIT PROOF OF COMPLETION OF 12 HOURS OF CE (INCLUDING A 1-HOUR SEXUAL HARASSMENT PREVENTION TRAINING COURSE) AND A 12-HOUR BROKER MANAGEMENT CE COURSE) FOR EACH LAPSED RENEWAL PERIOD.**

Proof of CE completion, as set forth in Sections 5-50 and 5-70 of the Real Estate License Act, must be provided for each lapsed renewal. If your missed renewal cycles include your first renewal term, you only need to complete and provide proof of 12 hours of broker CE for that first renewal term.

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

Restore my license without a sponsoring broker (license will be Inactive) Add/change sponsor with Sponsor Card - \$35 fee
(Selecting this option will open a link to the Sponsor Card)

PART VI: AFFIDAVIT

Under penalties of perjury, I declare that I have examined the application and all supporting documents and to the best of my knowledge, they are true, correct, and complete. I also declare that I have satisfied the education requirements described in this application. I further declare that I have READ the Real Estate License Act of 2000 and the Administrative Rules for the profession I am seeking 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

Have Questions?
email: fpr.realestate@illinois.gov