



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

LIMITED POWER OF ATTORNEY - AUTHORIZATION FOR THIRD PARTY CONTACT

Instructions: This form must be used by individual licensees or applicants (or in the case of an entity, the principal officer or agent-in-charge of the applicant or licensee) who wish to authorize individuals or companies, such as employers or credentialing services, to contact and communicate with the Department on the applicant's or licensee's behalf for limited matters relating to the applicant's or licensee's application. The Division will not communicate with anyone on an applicant's or licensee's behalf unless this form is submitted to the Department. The form must 1. be filled out in its entirety; 2. be signed by the applicant; 3. be signed by at least one witness to the applicant's signature; and 4. must indicate that the applicant has acknowledged his or her signature before a notary public (i.e. be notarized).

Name of Applicant or Licensee:	Phone:
Address:	E-mail:
Profession:	License Number (if applicable):

I, _____, hereby authorize the following person to communicate with the Illinois Department of Financial and Professional Regulation and act on my behalf regarding the below identified matter. I understand that information and documentation received from the person listed below is binding upon me and that I am responsible for the accuracy of all information and documents received as part of the identified matter. This authorization shall expire upon the conclusion of the identified matter, denial, or issuance of the license in question, or when revoked by me in writing, whichever occurs first. If this authorization pertains to a license that was issued in the past, this authorization will terminate when that license expires or when revoked by me in writing, whichever occurs first. The Department reserves the right to refuse to communicate with an authorized representative on any matter.

Name of Authorized Representative:	Phone:
Address:	E-mail:

Firm or Business Employing the Authorized Representative:

- | | |
|--|--|
| <input type="checkbox"/> Application for original license | <input type="checkbox"/> Application for endorsement |
| <input type="checkbox"/> Application for reinstatement of an expired or inactive license | <input type="checkbox"/> General licensing issues |

Applicant's or Licensee's Signature: _____

Witness Signature: _____

State of: _____ County of: _____

This instrument was acknowledged before me on _____ by _____
(date) (name/s of person/s)

 (Signature of Notary Public)

Submit via email to: **FPR.ThirdPartyAuth@illinois.gov** (Seal)

or send to:

IDFPR
320 W. Washington St.
Springfield, IL 62786