



**LICENSED CPA FIRM:  
REQUEST FOR REINSTATEMENT**

**REQUIREMENTS TO RESTORE YOUR EXPIRED LICENSE TO ACTIVE STATUS:**

1. Completed form below.
2. Required Fee: U.S. check or money order, payable to IDFPR totaling the amount of all lapsed fees (the renewal fee of [\$120] for each missed renewal period and a \$50 late fee). Maximum amount due is \$260.
3. A Certificate of Good Standing from the Illinois Secretary of State. *Not required for partnerships or sole proprietors using their SSN.*
4. If you are changing the Managing CPA, submit the CPA-BR Board Resolution form for each Managing CPA being appointed.
5. A list of the current Board of Directors/Members/Partners with their applicable professional license numbers.

Mail the above items to the Department at the address below:  
**Illinois Department of Financial and Professional Regulation**  
**Attn: License Administration Unit - 3rd Floor**  
**320 West Washington Street**  
**Springfield, Illinois 62786**

**IMPORTANT INFORMATION:**

- **The firm cannot advertise or offer any professional services in Illinois without a valid CPA Firm license. Doing so is a violation of the CPA Practice Act.**
- The Reinstatement request may take at least 8 business weeks to be processed from the date of receipt.
- All supporting documents must be submitted with your Reinstatement Request form.
- If you have questions, please contact the Department at 800.560.6420.

**PART I: LICENSED CPA FIRM INFORMATION**

<b>1. FIRM NAME</b>	<b>2. FIRM LICENSE NUMBER</b> XXX-XXXXXX
<b>3. FIRM E-MAIL ADDRESS (required)</b>	<b>4. FEIN OR U.S. SOCIAL SECURITY NUMBER</b>
<b>5. ADDRESS, CITY, STATE, ZIP</b>	

**PART II: AFFIDAVIT FROM FIRM REPRESENTATIVE**

I declare that a majority of the ownership of the firm, in terms of financial interests and voting rights of all partners, officers, shareholders, members, or managers are licensed as a CPA in Illinois or a jurisdiction with substantially equivalent requirements. Additionally, I declare that I have examined the application and all requirements in connection therewith and to the best of my knowledge, they are true, correct, and complete.

I certify that I have read the above statements.

DEPARTMENT STAMP USE ONLY

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

