

**ILLINOIS DEPARTMENT OF FINANCIAL AND  
PROFESSIONAL REGULATION**

**DIVISION OF REAL ESTATE**  
320 WEST WASHINGTON STREET  
SPRINGFIELD, IL 62786

**REAL ESTATE BROKER REINSTATEMENT**

**2014 REAL ESTATE BROKER REINSTATEMENT APPLICATION AND INSTRUCTIONS**

**READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

1. Complete and print page 2 of this document and MAIL with correct fee to the above address. THIS FORM CANNOT BE SUBMITTED ELECTRONICALLY.

**Renewal fee: \$200**

2. Payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation. **FEES ARE NOT REFUNDABLE.** After reading the following instructions, if you have any questions call 800/560-6420.
3. Please make any name and/or address changes for your license in the area provided. **A P.O. Box must be accompanied by a street address.** CHANGE OF NAME MUST BE ACCOMPANIED BY DOCUMENTARY PROOF (ie., certified or photocopy of a marriage certificate, divorce decree, or court order). **A COPY OF YOUR SOCIAL SECURITY CARD OR DRIVERS LICENSE IS NOT ACCEPTABLE.**
4. If you are changing sponsors, or the sponsor number is incorrect, or no number is indicated, your sponsor must complete a 45-DAY PERMIT SPONSOR CARD. **This requires a \$25 fee in addition to the reinstatement fee.**
5. **Continuing Education Requirements:**

**12 hours of CE (a minimum of 6 hours approved as Core curriculum – 3 hours Core A and 3 hours Core B and no more than 6 hours approved as an Elective curriculum) was required for:**

- Brokers who transitioned from Salesperson
- Brokers who did not transition to Managing Broker
- Brokers licensed after 5/1/2011 (and renewed in 2012)

**30- Hours of Post License Education was required for:**

- Brokers renewing for the FIRST TIME  
(if this was the first renewal for your Broker license you were required to complete the 30- Hours of Post License education prior to 4/30/2014.)\

**Do not submit CE documentation with the reinstatement application. Retain all of your original CE certificates of completion.**

CE Exemptions: 1. Licensees who have served in the armed services of the United States during the pre-renewal period,  
2. Illinois licensed attorneys who hold a current ARDC card (a copy of the card must be provided with this form).

6. This form must be signed by the applicant. The managing broker only needs to sign this form if you are changing your sponsoring broker at this reinstatement.

**\*\*\*Check out our WEB SITE [www.idfpr.com](http://www.idfpr.com)–For information regarding IDFPR updates and on-line reinstatements\*\*\***

***Practice of real estate after the expiration of your license shall constitute unlicensed practice which may result in civil/criminal penalties and discipline of your license.***

## 2014 BROKER REINSTATEMENT

LICENSE NO.:	SPONSOR LICENSE NO.:
NAME:	SPONSOR NAME:
ADDRESS:	<input type="checkbox"/> CHECK HERE IF CHANGE OF SPONSOR (Include \$25 fee)
ADDRESS LINE 2:	MANAGING BROKER NAME:
CITY, STATE, ZIP:	MANAGING BROKER LICENSE NO.:
<input type="checkbox"/> CHECK HERE IF CHANGE OF ADDRESS	

**ALL QUESTIONS MUST BE ANSWERED – Incomplete applications will be returned.**

**YES NO**

Are you more than 30 days in arrears on court ordered Child Support Payments?

**CONTINUING EDUCATION REQUIREMENTS- (CHECK ONE ONLY)**

- I have fully complied with the CE requirements for this renewal period. (CE must be taken prior to submission of this reinstatement application) **DO NOT SUBMIT CE CERTIFICATES OF COMPLETION WITH THIS REINSTATEMENT.**
- I am exempt from the CE requirements in accordance with the Real Estate License Act of 2000.

**I understand that if I provide false/fraudulent information, I could lose my license, be fined up to \$25,000 or have other penalties assessed. Therefore, I declare that I have examined this form, and to the best of my knowledge, all statements are true, correct, and accurate. In addition, my signature authorizes the Illinois Department of Financial and Professional Regulation to conduct criminal background investigations. I also certify that the sponsoring broker indicated above (or indicated on a completed 45-Day Permit Sponsor Card if changing sponsors) is my sponsoring broker.**

Printed Name \_\_\_\_\_ E-mail address \_\_\_\_\_

Your Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_ Sex M  or F   
(Disclosure of applicant's Social Security Number is mandatory pursuant to 42 U.S.C. 666(a)(13) and 5 ILCS 100/10-65(c) for use under the State's child support enforcement program.)

Managing Broker Signature\* \_\_\_\_\_  
 \*Required only if changing sponsoring broker on 45-Day Permit Sponsor Card.

Managing Broker License # \_\_\_\_\_