

CERTIFICATION BY LICENSING AGENCY /BOARD

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

Division of Real Estate 320 West Washington Street Springfield, IL 62786

REAL ESTATE LICENSING 800/560-6420

APPLICANT: Complete this section only. Forward it to the state from which you are requesting certification by a licensing agency/board. Contact certifying state for appropriate fee. You are authorized to photocopy this form as necessary.	
1. Name Last First Middle	2. Date of Birth // Month Day Year 3. Social Security Number. //
4. Address Street, City, State, Zip Code	5. Maiden or Given Surname
	6. Indicate Profession Name for Which You Are Applying: ☐ Salesperson ☐ Broker ☐ Instructor
7a. Name of Profession as it appears on license from the state to wh this form is being forwarded.	ich 7b. License Number
	7c. Issuance Date of License
	7d. Licensed by ☐ Examination ☐ Reciprocity
I hereby authorize	to furnish to the Illinois Department of Financial
and Professional Regulation, the information requested below.	
Signature of Applicant:	Date:
LICENSING AGENCY: Other forms of Certification will be accepted, provided all applicable information requested on this form is contained in the Certification, Return completed form <u>directly to the applicant</u> .	
CERTIFICATION OF LICENSE	
A. Name of Profession as it appears on license	B. License Number
C. Issuance Date of License	D. Expiration Date of License
E. Current License Status ☐ Active ☐ Lapsed ☐ Inactive ☐ Other (Explain)	 F. Reciprocal Registration This State □ does □ does not have a reciprocal agreement with Illinois.
G. Is there now or has there ever been any disciplinary action commenced against the applicant? Yes No	
H. If "G" is answered yes, has there ever been any formal sanctions imposed against the applicant's license as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? (If yes, attach a certified copy of disciplinary action.)	
I certify that the information contained herein is true and correct according to the official records of this state.	
Signature	Agency/ Board Street Address, City, State, Zip Code and Telephone Number
Print Name	
Title	
Date	EMBOSSED SEAL