

STATE OF ILLINOIS

Department of Financial and Professional Regulation

Reciprocity Application for Licensure Under the Real Estate License Act

Illinois Department of Financial and Professional Regulations Division of Real Estate 320 West Washington Street Springfield, IL 62786 Phone: 800-560-6420

IL 505-0347 (Rev 6/14)

RECIPROCITY APPLICATION

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION DIVISION OF REAL ESTATE

Broker/Managing Broker Professions

Important Notice: Completion of this form is necessary to accomplish the requirements outlined in the Illinois Real Estate License Act of 2000 {225 ILCS 454}. Disclosure of this information is REQUIRED. Failure to comply may result in this application not being processed. This application has been approved by the Agency Forms Coordinator.

I. APPLICATION INSTRUCTIONS FOR LICENSURE ON THE BASIS OF RECIPROCITY:

- a) You must be actively licensed by examination in the state from which you are applying.
- b) Illinois must have a written reciprocal agreement with the state in which you are currently licensed by examination.
- c) You must take and pass the Illinois portion of the licensure examination.
- d) Your sponsor must have an active broker or managing broker license in Illinois. A managing broker can self-sponsor. After 4/30/2012, your sponsor must have a managing broker license.
- e) For Managing Broker Applicants only: your broker license must have been in an active status during the immediately preceding two years.

IF YOU DO NOT MEET THE ABOVE QUALIFICATIONS, YOU MUST APPLY FOR LICENSURE ON THE BASIS OF EXAMINATION.

DO NOT COMPLETE THIS APPLICATION TO APPLY FOR THE REAL ESTATE EXAMINATION.

Any license issued under these provisions shall be valid, and may be renewed provided the reciprocal state maintains an agreement with Illinois. If licensee establishes residence in Illinois, the licensee must notify the office of his/her new address.

II. Please read the entire instructions before completing the application. Complete only the necessary steps that apply to you. To obtain assistance in completing this application, please call 800-560-6420, (TDD) 217-524-6644.

Original/Official Documents – Original/Official documents will be returned if you provide a copy of document(s) and a self-addressed stamped envelope.

- 1. Type or print legible with **black ink** only.
- 2. Your **Social Security number is required** to be on your application for our identification use only.
- 3. All forms are required to be completed in their entirety:
 - a. Personal History and Non-resident Consent.
 - b. Certification of Licensure must be completed by the state of original licensure and your current state of licensure.
 - c. Managing Broker Applicants Only Broker experience is to be completed by your sponsoring broker verifying active practice as a broker for a minimum of 2 years immediately prior to submission of this application. A self-employed broker needs to complete the employer section on his own behalf.
 - d. Submit your pass notice for the Illinois Portion of the examination.
 - e. **Broker fee required: \$125. Managing Broker fee required: \$150.** Must be in the form of a check or money order payable to:

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION.

Mail application with all supporting documentation and fee to:

Illinois Department of Financial and Professional Regulation
320 West Washington Street, 3rd Floor

Springfield, IL 62786

RECIPROCITY APPLICATION

Illinois Department of Financial and Professional Regulation 320 West Washington Street, 3rd Floor Springfield, IL 62786

PART I. APPLICATION FOR THE FOLLOWING PROFESSION

1. Profession Name for which this application is being completed: (Managing Broker) fee: \$150 (Broker) fee: \$125

	II. APPLICA	ANT'S PERSONAL IN	FORMATION						
•	NAME (Last, Firs	t and Middle)		2.	SOCIAL S	ECUR	ITY NU	MBER (Re	qui
•	PERMANENT MAILING ADDRESS – Any change of address must be submitted in writing to the IDFPR.								
			Street Addres	5					
			21. 2. 21.						
	Maiden, given sur	rname, or any name(s)	City, State Zip C under which su		g documents	will be	submitte	ed.	
	Place of Birth		6. Date	of Birth		7.	Age	8.	Sex
	City, State Country		Month Day Year			_			
	Tolonhono Numb	er(s)							
	Telephone Numb	(-)							
•	Daytime() _			Even	ing()	- 			
	Daytime()	-		Even	ing()	-			
ART	Daytime() III. Licensure State	-	Licens	Even	Origina	ıl		nt Status	
	Daytime()	e History	Licens		Origina	ıl		nt Status	
	Daytime() III. Licensure State Of Original	e History Profession Broker	Licens		Origina	ıl		nt Status	

	IV. PERSONAL HISTORY QUESTIONS (ALL I		YES	NO
Are	e you a high school graduate or have you received a G.E.D.?			
Hav	ve you been convicted in ANY state or federal jurisdiction, including mili			
	Have you been convicted in ANY state or federal jurisdiction, including military courts, of any crime of which an essential element was dishonesty?			
Hav	Have you ever held, or do you currently hold, a real estate license in any other state/jurisdiction?			
Hav	Have you been denied a professional license or permit or the privilege of taking an examination?			
	Have you ever had a professional license or permit disciplined by any licensing authority in Illinois or any other state/jurisdiction?			
	Have you ever been discharged from the armed services, other than honorable, or from a city, county, state, or federal position?			
Are	e you more than 30 days in arrears on any court ordered child support pay	ments?		
Are	you in arrears on any state taxes due to the Illinois Department of Revenu	ue?		
Are	e you in arrears on any student loan acquired through the Illinois Student A	Assistance Commission?		
	MANAGING BROKERS ONLY		YES	NO
	e managing broker has been actively practicing as a managing broker in the riod of not less than 2 years, immediately prior to the date of application.	ne managing broker's state of licensure for a		
TY	V. EXPERIENCE VERIFICATION- This must Applicant Name	be completed and signed by your sp Middle	oonsoring t	oroker.
	Sponsoring Broker Name	License Number		
	Firm Address Street City, State and Zip	Firm License Number (if applicable)		
		Firm Telephone Number		
	Date of Employment From/_/ ToTo	month/day/year		
	Please provide a brief description of the license activities performed by t	the applicant.		
_	Under penalties of perjury, I hereby declare that this information is true	and correct.		
_	Sponsoring Broker's Name (Printed)	Signature	Date	
ess, or ding u	NON-RESIDENT CONSENT/CERTIFYING onsent with the IDFPR that actions may be commenced against me in a correct or other pleading authorized by the law upon this Agency. The consent shappon the Agency shall be taken and held in all courts to be valid and bindifferent or the state of the state	ourt of competent jurisdiction in this State by tall stipulate and agree that service of the proceing as if actual service had been made upon the of 2000, Rules and agree to abide by all provision.	ss, summons, of applicant in Il	or linois. I therein.
y sub	uer the real Estate License Act of 2000.			
se un	nted Name of Applicant	Date		
y sub se un d/Pri		Date		



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

	tate from which you are requesting certification by a te for appropriate fee. You are authorized to photocopy one state.
1. Name Last First Middle	2. Date of Birth 3. Social Security Number. 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: □ Managing Broker □ Broker □ Instructor
7a. Name of Profession as it appears on license from the state to which the form is being forwarded.	7b. License Number
	7c. Issuance Date of License
	7d. Licensed by ☐ Examination ☐ Reciprocity
I hereby authorize	to furnish to the Illinois Department of Financial
LICENSING AGENCY: Other forms of Certification will be a on this form is contained in the Certif	ccepted, provided all applicable information requested ication, Return completed form directly to the applicant.
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 commence	ed against the applicant? Yes No
H. If "G" is answered yes, has there ever been any formal sanctions imprecord including but not limited to fine, reprimand, probation, censur (If yes, attach a certified copy of disciplinary action.)	
I certify that the information contained herein is true and correct acc	ording 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
IL 505-0340 (Rev 6/14)	



IL 505-0341 (Rev 6/14)

CONSENT TO EXAMINE AND AUDIT SPECIAL ACCOUNTS

Illinois Department of Financial and Professional Regulation
Division of Real Estate
320 West Washington Street
Springfield, IL 62786
Real Estate Licensing 800/560-6420

Important Notice: Completion of this form is necessary to accomplish the requirements outlined in the Illinois Real Estate License Act of 2000 {225 ILCS 454}. Disclosure of this information is REQUIRED. Failure to comply may result in this form not being processed. This form has been approved by the Agency Forms Coordinator.

those accounts. (Please complete both Parts A a	nd B of this form	1.)	<u> </u>		
(Please complete only Part A of this form.)			•		
PART A: SPONSORING BROKER INFORMA	TION				
1. Name of Individual Managing Broker (Sole Prop	rietor), Partnersh	ip, Corporation, or Limited Liability Comp	pany		
2. Business Address (Street, City, State, Zip Code)		3. Telephone Number ()			
		4. License Number			
PART B:DEPOSITORY AT WHICH REAL ES required for each depository at which you mainta			. A separate Consent to Audit form is		
Name and address of Bank or Savings and Loan	Association	_			
Specific Special Accounts to be Examined and A	udited				
Title(s) of Special Account(s)		Account Number	Identifying Number(s) Required by IRS (FEIN or Social Security No.)		
3. List Those Persons Authorized to Withdraw Fund	ls From the Abov	ve-Named Special Account			
Name	Sex	Title	License Number		
I hereby authorize the above named-depository to al Regulation to examine and audit the above named sp	low, at any time, pecial account(s).	a duly authorized representative of the De I am one of the individuals listed under P	partment of Financial and Professional art B(3) above.		
Signature of Managing Probag		License Number	Data		
Signature of Managing Broker Title		License Number	Date		