

ILLINOIS REAL ESTATE EXAMINATIONS EXAMINATION REGISTRATION FORM

Instructions for Completing the Examination Registration Form

The numbered items correspond to the numbered blanks on the registration form (reverse side). PLEASE TYPE OR PRINT IN INK ALL INFORMATION.

1. **NAME:** Enter your last name, first name and middle initial exactly as they appear on your driver's license. Do not use nicknames.
2. **MAILING ADDRESS:** Abbreviate words like street, drive or road, and enter your zip code.
3. **TELEPHONE AND FAX NUMBER:** Please provide a telephone number at which you may be reached during normal business hours Monday through Friday. This number will be used by PSI/AMP only in the event you have failed to complete your registration form correctly or if there should be a last minute change in the Assessment Center location. Provide your fax number if you are paying by credit card and faxing your registration form to PSI/AMP.
4. **SOCIAL SECURITY NUMBER:** Enter your Social Security number. YOUR SOCIAL SECURITY NUMBER WILL BE USED AS YOUR IDENTIFICATION NUMBER FOR THIS EXAMINATION. WE CANNOT PROCESS YOUR REGISTRATION WITHOUT IT!
5. **BIRTH DATE:** Enter the month, day and year of your birth.
6. **EXAMINATION TYPE:** Choose the appropriate boxes and indicate if you have attempted the examination before.
7. **EXAMINATION PORTION:** *Broker and Managing Broker registrants only.* Choose the appropriate box.
8. **REAL ESTATE EDUCATION PROGRAM COMPLETED:** Provide your school name and code and date of graduation.
9. **PRELICENSE EDUCATION AND DOCUMENTATION:** Indicate yes or no.
10. **EXAMINATION FEE:** The examination fee for Brokers and Managing Brokers is \$46; the examination fee for Leasing Agents is \$46. This fee must be submitted with your registration form, unless payment is made by credit card. Cashier's checks and money orders should be made payable to PSI/AMP. Payment by cash or personal check is not acceptable.
11. **RELEASE:** Indicate yes or no.
12. **SIGNATURE AND DATE:** Read the statement and sign your name as you would on a check or business letter.

ILLINOIS REAL ESTATE EXAMINATION REGISTRATION FORM

Using the instructions on the previous page, complete this form and mail the registration form with the examination fee (unless payment is made by credit card) to: PSI/AMP, P.O. Box 13482, Springfield, IL 62791-3482, Fax: 217-522-0446.

1. NAME

_____ Last Name First Name M.I.

2. MAILING ADDRESS

_____ Number, Street and Apartment Number

_____ City State Zip Code

3. TELEPHONE NUMBER

(____) _____ - _____
Daytime Telephone

FAX NUMBER

(____) _____ - _____
(Complete only if you are faxing this form to PSI/AMP.)

4. SOCIAL SECURITY NUMBER

_____ - _____ - _____

5. BIRTH DATE

____ - ____ - ____
Month Day Year

6. EXAMINATION TYPE (check one)

- Broker Managing Broker Leasing Agent

Have you attempted this examination before? Yes No

If yes, when did you last attempt this examination? _____

7. EXAMINATION PORTION (Broker and Managing Broker registrants only – check one)

- Both portions State portion only National portion only

8. REAL ESTATE EDUCATION PROGRAM COMPLETED

School Name: _____ Code: _____

Graduation Date: _____

9. PRELICENSE EDUCATION AND DOCUMENTATION

I have read the license requirements and qualifications on pages 2-4 of this handbook and have completed the requirements indicated and enclosed any required documentation. Yes No

10. EXAMINATION FEE

Broker or Managing Broker – \$46 Leasing Agent – \$46

Your examination fee must be submitted with your registration form. Payment may be made by cashier's check or money order payable to PSI/AMP or by credit card. Payment by cash or personal check is not acceptable. If payment is made by credit card, complete the information below.

Credit Card Payment Information: VISA MasterCard American Express Discover

Card No.: _____ Exp. Date: _____

Name: _____ Signature: _____

11. RELEASE: I give PSI/AMP my permission to release my name and address to real estate schools, Managing Brokers or other interested parties who request them. Yes No

12. SIGNATURE AND DATE

I have read and understand the information provided in the Candidate Handbook, and the information I have provided on this registration form is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Mail this form and necessary documentation with cashier's check or money order to:

PSI/AMP
P.O. Box 13482
Springfield, IL 62791-3482