

CERTIFICATION BY LICENSING AGENCY/BOARD

Illinois Department of Financial and Professional Regulation
COMPLETE ONLY IF YOU ARE/WERE LICENSED IN ANOTHER STATE

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.

Regardless of reciprocal state affiliation(s), all Illinois licensees are required to be in compliance with continuing education requirements set forth in the Illinois Real Estate Act of 2000.

1. Name: Last First M.I.	6. Indicate Profession Name for which you are applying
2. Date of Birth: Month Day Year	7. Applicant's Telephone Number ()
3. Social Security Number	Licensed by <input type="checkbox"/> Examination OR <input type="checkbox"/> Reciprocity 8a. License Number 8b. Name of Profession as it appears on license from the state to which this form is being forwarded 8c. Issuance Date of License
4. Street Address	
City State Zip Code	
5. Maiden or Given Surname	

I hereby authorize _____ (Name of state licensing agency or board) to furnish the Bureau of Real Estate Professions, 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 directly to the applicant.

CERTIFICATION OF LICENSE

I certify that the information contained herein is true and correct according to the official records of this state.

A. Name of Profession as it appear on license	F. Reciprocal Registration This state <input type="checkbox"/> does <input type="checkbox"/> does not have a reciprocal agreement with Illinois.
B. License Number	G. Is there now or has there ever been any disciplinary action commenced against the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No
C. Issuance Date of License	
D. Expiration Date of License	H. If "G" is answered yes, have 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No
E. Current License Status: <input type="checkbox"/> Active <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive Other (Explain)	

Signature _____
 Print Name _____
 Title _____
 Date _____

Agency/Board Street Address, City, State,
 Zip Code, Telephone

EMBOSSSED SEAL