



Illinois Department of Financial and Professional Regulation

Division of Banking

APPLICATION FOR DUPLICATE LICENSE

IMPORTANT NOTICE

This State Agency is requesting disclosure of information that is necessary to determine compliance with the Residential Mortgage License Act of 1987. Disclosure of this information is MANDATORY. Failure to provide the information could result in a fine or licensing penalty under the Act. This form has been approved by the Agency Form Coordinator.

FILING INSTRUCTIONS

The Application for Duplicate License shall be filed to request a license replacement in the event the original license of the corporate office or a branch office is damaged or lost. A fee of \$50.00 paid by **CASHIER'S CHECK, CERTIFIED CHECK OR MONEY ORDER**, payable to the Illinois Department of Financial and Professional Regulation, shall accompany the application. Company and personal checks will NOT be accepted. **A licensee filing an Application for Duplicate License must also file an Affidavit of Lost, Destroyed or Stolen Residential Mortgage License.**

All checks are processed in our Springfield office, therefore, please mail all checks and the Application for Duplicate License to 320 West Washington Street, 6th Floor, Springfield, IL 62786. Because licensing functions are executed in the Mortgage Banking Section, all questions should be directed to 312-793-1409/fax 312-793-1490/TDD 312-793-0291.

APPLICANT INFORMATION (Please print or type.)

License Number _____

(Include branch extension number if applicable. Example: license number-001, -002, -003)

License Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Contact Person/Title _____

Contact Person Email _____

Reason for Replacement _____

VERIFICATION

Signature(s) of person(s) required to execute this form in accordance with Title 38, Chapter II, Part 1050 of the Illinois Administrative Code:

Signature _____

Title _____

Signature _____

Title _____

Signature _____

Title _____

Signature _____

Title _____

STATE OF _____

Subscribed and sworn to before me this _____

COUNTY OF _____

day of _____, 20_____

Notary Signature

(SEAL)