**CERTIFICATION BY LICENSING AGENCY /BOARD**
ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
Division of Professional Regulation / Real Estate Professions Section
320 West Washington Street
Springfield, IL 62786

**REAL ESTATE LICENSING 217/ 782-3414**

**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<br>__/ __/ __<br>Month Day Year | 3. Social Security Number.<br>___/__/____ |
|---|---|---|
| 4. Address Street, City, State, Zip Code | 5. Maiden or Given Surname | |
| | 6. Indicate Profession Name for Which You Are Applying:<br>☐ Salesperson ☐ Broker ☐ Instructor | |
| 7a. Name of Profession as it appears on license from the state to which this 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
***Name of State Licensing Agency or Board***
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**

| 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<br>☐ Active ☐ Lapsed ☐ Inactive<br>☐ Other (Explain) _____ | F. Reciprocal Registration<br>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.)** ☐ Yes ☐ No

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

Signature _____

Print Name _____

Title _____

Date _____

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

_____

_____

**EMBOSSED SEAL**