

INSTRUCTION SHEET

FOR MAKING A REQUEST FOR A NON-BINDING ADVISORY OPINION

*In order for your request to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the request. No fee is required to make the request.*

BEFORE COMPLETING THE PACKAGE, read each of the steps below in the order that they are listed, then follow the instructions as they apply to you. This will aid you in accurately completing your request and eliminate any delay in response. Incomplete information may delay or alter any response. A request may be made for any profession, but requests for different professions will require completion of a separate form.

- Step 1. Complete all applicable information requested on all 3 pages of the request for non-binding advisory opinion.
- Step 2. Attach copies of all documents required by the request form.
- Step 3. When the request form is complete, mail the completed form, with any attachments to:

**Illinois Department of Financial and Professional Regulation
Division of Professional Regulation
Office of the General Counsel
320 W. Washington - 3rd Floor
Springfield, IL. 62786**

The Department will attempt to provide the most accurate information and response that can be provided at the time of your request; however, please be advised that any response provided is considered advisory and should not be considered as a final decision by this Department.

**Illinois Department of Financial and
Professional Regulation
Non-Binding Advisory Opinion**

FOR OFFICIAL USE ONLY

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

GENERAL INSTRUCTIONS

Please read the instructions carefully as this is a form for individuals wishing to request a Non-Binding Advisory Opinion whether a criminal record would bar the individual from the licensure or certification sought should the individual meet all other licensure requirements for licensure. Type or print legibly with blue or black ink. If an area does not apply, please indicate as "N/A". Incomplete request forms or forms completed incorrectly will be returned to the requestor. All signature areas must contain an original signature (*digital or copied signatures are not acceptable*). Currently there are NO fees required for the submission of this form.

PART A: Applicant Identifying Information:

1. TODAY'S DATE		2. OFFICE USE ONLY - Date Received:	
3. NAME	LAST	FIRST	MI
			4. TELEPHONENUMBER (____)____-_____
5. PERMANENT MAILING ADDRESS	CITY	STATE	ZIP CODE
6. BUSINESS MAILING ADDRESS	CITY	STATE	ZIP CODE
7. E-MAIL ADDRESS		8. SIGNATURE OF APPLICANT	
9. Do You Hold An Illinois License Issued By the Department of Financial and Professional Regulation? If Yes, List License Held By Number:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Do you currently have a license application on file with the Department?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

PART B: Indicate the Intended Action:

CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

1 - Is this the first time you have made a request for a Non-Binding Advisory Opinion in Illinois? Yes No

If **No**, please indicate the profession and date for which you sought a Non-Binding Advisory Opinion

2 - Have you received or obtained a Certificate of Relief From Disabilities? If **Yes**, please attach a copy. Yes No

PART C: Name of the Profession You Intend to Seek Licensure For:

A list of professions may be obtained on the Department website at www.idfpr.com . A separate Form must be completed for each profession for which you seek a Non-Binding Advisory Opinion.
