



ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
Division of Professional Regulation/Real Estate Professions Section

320 West Washington Street
Springfield, Illinois 62786
Real Estate Licensing (217) 782-3414

Important Notice: Completion of this form is necessary to accomplish the requirements outlined in the Illinois Real Estate License Act 2000 (225 ILCS 454). Disclosure of this information is REQUIRED. Failure to comply may result in this form not being processed. This form has been approved by the Agency Forms Coordinator.

INSTRUCTIONS FOR FILING

Type of Firm: [ ] Corporation [ ] Partnership [ ] Independent Broker [ ] Limited Partnership
[ ] Limited Liability Company

- 1. Type or print legibly. Forward a fee of \$125 in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation. FEE IS NOT REFUNDABLE.
2. The Consent to Examine and Audit Special Accounts form must be properly completed in the principal office name.
3. The name of the branch office shall be the same as that of the principal office.
4. The managing broker of the branch office must associate/transfer himself/herself and all licensees employed by the branch office only AFTER receipt of the branch office license. A properly completed sponsor card and the applicable fee must be submitted for each transaction.

1. Name of Principal Office

2. License Number of Principal Office

3. Address of Principal Office (Street, City, County, State and Zip Code)

4. Name of Managing Broker of Branch Office

5. License Number of Managing Broker

6. Address of Branch Office (Street, City, County, State and Zip Code)

7. Branch Office Telephone Number

( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_

8. Principal Office Telephone Number

( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_

I hereby certify that I personally completed this application, that the answers are true and correct to the best of my knowledge and belief, and that I am legally authorized to sign for this firm.

Signature of Branch Managing Broker

Date



**CONSENT TO EXAMINE AND AUDIT SPECIAL ACCOUNTS**

Illinois Department of Financial and Professional Regulation  
Division of Professional Regulation/Real Estate Professions Section  
320 West Washington Street  
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- I have** one or more special accounts, and authorize a representative of the Illinois Department of Financial and Professional Regulation to examine those accounts. (Please complete both Parts A and B of this form.)
- I do not** accept escrow monies, and do not hold monies belonging to others. Therefore, I do not maintain any special accounts. (Please complete only Part A of this form.)

**PART A: BROKER INFORMATION**

1. Name of Individual Broker, Partnership, Corporation, or Limited Liability Company

2. Business Address (Street, City, State, Zip Code)

3. Telephone Number ( \_ \_ \_ ) \_ \_ - \_ \_ \_ \_

4. License Number

**PART B: DEPOSITORY AT WHICH REAL ESTATE SPECIAL ACCOUNT(S) ARE MAINTAINED. A separate Consent to Audit form is required for each depository at which you maintain special account(s). Copy this form as needed.**

1. Name and address of Bank or Savings and Loan Association

\_\_\_\_\_  
\_\_\_\_\_

2. Specific Special Accounts to be Examined and Audited

Title(s) of Special Account(s)	Account Number	Identifying Number(s) Required by IRS (FEIN or Social Security No.)

3. List Those Persons Authorized to Withdraw Funds From the Above-Named Special Account

Name	Sex	Title	License Number

I hereby authorize the above named-depository to allow, at any time, a duly authorized representative of the Department of Financial and Professional Regulation to examine and audit the above named special account(s). I am one of the individuals listed under Part B(3) above.

\_\_\_\_\_  
Signature of Managing Broker  
Title \_\_\_\_\_

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date