



STATE OF ILLINOIS

Department of Financial and Professional Regulation

Reciprocity Application for Licensure Under the Real Estate License Act

**Illinois Department of Financial and
Professional Regulations
Division of Professional Regulation
320 West Washington Street
Springfield, IL 62786
Phone: 217-782-3414**

RECIPROCITY APPLICATION

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION DIVISION OF PROFESSIONAL REGULATION

Broker/Salesperson Professions

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

I. APPLICATION INSTRUCTIONS FOR LICENSURE ON THE BASIS OF RECIPROCITY:

- a) You must be currently licensed in the state that you reside.
- b) Illinois must have a written reciprocity agreement with the state you currently reside/are licensed.
- c) You must take and pass the Illinois portion of the licensure examination.
- d) Your sponsor must be a resident of the state that you reside in, and have an active broker license in Illinois and the broker's resident state.
- e) For Broker Applicants only: your broker license must have been in an active status during the immediately preceding two years.

IF YOU DO NOT MEET THE ABOVE QUALIFICATIONS, YOU MUST APPLY FOR LICENSURE ON THE BASIS OF EXAMINATION.

DO NOT COMPLETE THIS APPLICATION TO APPLY FOR THE REAL ESTATE EXAMINATION.

Any license issued under these provisions shall be valid, and may be renewed provided the reciprocal state maintains an agreement with Illinois. If licensee establishes residence in Illinois, the licensee must notify the office of his/her new address.

II. Please read the entire instructions before completing the application. Complete only the necessary steps that apply to you. To obtain assistance in completing this application, please call 217-782-3414 - (TDD) 217-524-6644.

Original/Official Documents – Original/Official documents will be returned if you provide a copy of document(s) and a self-addressed stamped envelope.

1. Type or print legible with **black ink** only.
2. Your **Social Security number is required** to be on your application for our identification use only.
3. All forms are required to be completed in their entirety:
 - a. Personal History and Non-resident Consent.
 - b. Certification of Licensure - must be completed by the state of original licensure and your current state of licensure.
 - c. **Broker Applicants Only** – Broker experience is to be completed by your sponsoring broker verifying active practice as a broker for a minimum of 2 years immediately prior to submission of this application. A self-employed broker needs to complete the employer section on his own behalf.
 - d. Submit your pass notice for the Illinois Portion of the examination.
 - e. **Fee required \$125** Must be in the form of a check or money order payable to:
ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION.

Mail application with all supporting documentation and fee to:

Illinois Department of Financial and Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, IL 62786

RECIPROCITY APPLICATION
 Illinois Department of Financial and Professional Regulation
 320 West Washington Street, 3rd Floor
 Springfield, IL 62786

PART I. APPLICATION FOR THE FOLLOWING PROFESSION

1. Profession Name for which this application is being completed (Salesperson or Broker). FEE \$125

PART II. APPLICANT'S PERSONAL INFORMATION

1. NAME (Last, First and Middle)	2. SOCIAL SECURITY NUMBER (Must)
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3. PERMANENT MAILING ADDRESS – Any change of address must be submitted in writing to the IDFPR.

Street Address

City, State Zip Code

4. Maiden, given surname, or any name(s) under which supporting documents will be submitted.

5. Place of Birth	6. Date of Birth	7. Age	8. Sex
City, State Country	____ ____ ____ Month Day Year	____	____

9. Telephone Number(s)

Daytime(____) ____ - ____

Evening(____) ____ - ____

PART III. Licensure History

State Of Original Licensure	Profession	License Number	Original Issue Date	Current Status
	____ Broker ____ Salesperson			
State(s) of Current Licensure	____ Broker ____ Salesperson			
Other State(s) of Licensure	____ Broker ____ Salesperson			



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
Springfield, IL 62786
Real Estate Licensing 217/782-3414

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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