

SALESPERSON TO BROKER TRANSITION/RENEWAL APPLICATION

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| SALESPERSON LICENSE NO.: | <input type="checkbox"/> CHECK HERE IF CHANGE OF SPONSOR IF YOU ARE CHANGING SPONSORS, YOU MUST COMPLETE A 45-DAY PERMIT SPONSOR CARD (Include \$25 fee) PLEASE SEE #6 ON PAGE ONE OF THIS APPLICATION FOR INSTRUCTIONS. |
| NAME: | |
| ADDRESS: | |
| ADDRESS LINE 2: | |
| CITY, STATE, ZIP: | |
| <input type="checkbox"/> CHECK HERE IF CHANGE OF ADDRESS | |

ALL QUESTIONS MUST BE ANSWERED – Incomplete applications will be returned.

YES NO

- Have you been convicted in ANY state or federal jurisdiction, including military courts, of a felony that you have not previously disclosed to the department?**
- Have you been convicted in ANY state or federal jurisdiction, including military courts, of any crime of which an essential element is dishonesty that you have not previously disclosed to the department?**
- Have you been denied a professional license or permit or the privilege of taking an exam that you have not previously disclosed to the department?**
- Have you ever had a professional license or permit disciplined by any licensing authority in Illinois or any other state/jurisdiction that you have not previously disclosed to the department?**
- Are you more than 30 days in arrears on any court ordered child support payments?**
- Are you in arrears on any state taxes due to the Illinois Department of Revenue?**
- Are you in arrears on any student loan acquired through the Illinois Student Assistance Commission?**

BROKER RENEWAL QUESTION – PLEASE CHECK THE FOLLOWING BOX

- I have fully complied with the Continuing Education requirement for the broker license renewal.**

YOU MUST MEET ONE OF THE FOLLOWING - Please check the appropriate box.

- I certify that I successfully completed the 30 hour Transition Course. You must include your original certificate(s) of completion with this application and fee.**

-OR-

- I certify that I successfully passed the Salesperson to Broker Proficiency Exam.**
NOTE: If you successfully passed the Salesperson to Broker Proficiency Exam, please use our online transition/renewal application at www.idfpr.com/REtransition instead of this paper application for quicker processing.

CERTIFICATION STATEMENT

I do hereby authorize and consent to any law enforcement agency, government agency or person to release to the Department of Financial and Professional Regulation or its authorized agents all records and personal information concerning myself, including criminal history records and licensure history. I hereby release any agency or person who releases such information and the Department of Financial and Professional Regulation or its authorized agents from any and all liability which may result from the release or collection of such information.

Printed Name _____ **E-mail address** _____

Your Signature _____ **Date** _____

Social Security Number _____
 (Disclosure of applicant's Social Security Number is mandatory pursuant to 42 U.S.C. 666(a) (13) and 5 ILCS 100/10-65(c) for use under the State's child support enforcement program.)