State of Illinois

Department of Professional Regulation

Appraisal Division

Petition For Restoration of a License

Name of Petitioner: _____

License Number: _____

Provide your:

Current Street Address: _____

City, State, Zip Code: _____

Telephone: _____

Fax Number: _____

Cell Phone: _____

Date that your discipline Order was signed: _____

Provide information whether probationary terms (if any) have been met: _____

Did you appeal the Order in Circuit Court? _____

Provide information which might bear upon the request for restoration of a license: