



ADDRESS CHANGE FORM

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

LICENSEE PREVIOUS INFORMATION:

LICENSE NO. _____

*NAME _____

SSN/FEIN: _____

ADDRESS _____

CITY, COUNTY, STATE, ZIP CODE _____

TELEPHONE # (_ _ _) _ _ _ - _ _ _ _

EMAIL ADDRESS _____

LICENSEE'S NEW ADDRESS:MAILING ADDRESS _____
(MUST BE A STREET ADDRESS, P.O. BOXES ARE NOT ACCEPTABLE)

CITY, STATE, ZIP CODE _____

TELEPHONE # (_ _ _) _ _ _ - _ _ _ _

FAX # (_ _ _) _ _ _ - _ _ _ _

EMAIL ADDRESS _____

SIGNATURE _____

DATE _____

If you have any questions, please contact our office at 217/782-3414.

***If you need to change your name, please send documentary proof to the address below (i.e., certified or photocopy of a marriage certificate, divorce decree, or court order.)**

Return Original To:
Illinois Department of Financial and Professional Regulation
Division of Professional Regulation/Real Estate Professions Section
320 West Washington Street
Springfield, Illinois 62786
Fax: 217-782-3390