FOR MAKING A REQUEST FOR A NON-BINDING ADVISORY OPINION

In order for your request to be processed, ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED with the request. No fee is required to make the request.

BEFORE COMPLETING THE PACKAGE, read each of the steps below in the order that they are listed, then follow the instructions as they apply to you. This will aid you in accurately completing your request and eliminate any delay in response. Incomplete information may delay or alter any response. A request may be made for any profession, but requests for different professions will require completion of a separate form.

Step 1. Complete all applicable information requested on all 3 pages of the request for non-binding advisory opinion.

Step 2. Attach copies of all documents required by the request form.

Step 3. When the request form is complete, mail the completed form, with any attachments to:

Illinois Department of Financial and Professional Regulation
Division of Professional Regulation
Office of the General Counsel
320 W. Washington - 3rd Floor
Springfield, IL. 62786

The Department will attempt to provide the most accurate information and response that can be provided at the time of your request; however, please be advised that any response provided is considered advisory and should not be considered as a final decision by this Department.
Illinois Department of Financial and Professional Regulation
Non-Binding Advisory Opinion

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

GENERAL INSTRUCTIONS

Please read the instructions carefully as this is a form for individuals wishing to request a Non-Binding Advisory Opinion whether a criminal record would bar the individual from the licensure or certification sought should the individual meet all other licensure requirements for licensure. Type or print legibly with blue or black ink. If an area does not apply, please indicate as "N/A". Incomplete request forms or forms completed incorrectly will be returned to the requestor. All signature areas must contain an original signature (digital or copied signatures are not acceptable). Currently there are NO fees required for the submission of this form.

PART A: Applicant Identifying Information:

1. TODAY’S DATE  
2. OFFICE USE ONLY - Date Received: 

3. NAME  
   LAST                      FIRST                      MI  

4. TELEPHONE NUMBER  
   ( __ __ __ ) __ __ __ __ __ __ __ __ __

5. PERMANENT MAILING ADDRESS  
   CITY  
   STATE  
   ZIP CODE

6. BUSINESS MAILING ADDRESS  
   CITY  
   STATE  
   ZIP CODE

7. E-MAIL ADDRESS  

8. SIGNATURE OF APPLICANT

9. Do You Hold An Illinois License Issued By the Department of Financial and Professional Regulation?  
   Yes ☐  No ☐  If Yes, List License Held By Number:

10. Do you currently have a license application on file with the Department?  
    Yes ☐  No ☐

PART B: Indicate the Intended Action:

CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

1 - Is this the first time you have made a request for a Non-Binding Advisory Opinion in Illinois?  
   Yes ☐  No ☐  If No, please indicate the profession and date for which you sought a Non-Binding Advisory Opinion

2 - Have you received or obtained a Certificate of Relief From Disabilities?  
   Yes ☐  No ☐  If Yes, please attach a copy.

PART C: Name of the Profession You Intend to Seek Licensure For:

A list of professions may be obtained on the Department website at www.idfpr.com. A separate Form must be completed for each profession for which you seek a Non-Binding Advisory Opinion.

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**PART D: Record Of Licensure Information:**

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois; however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

<table>
<thead>
<tr>
<th>Profession/License Name</th>
<th>License Number</th>
<th>Date of Issuance</th>
<th>Dates License Maintained</th>
<th>License Status (Active, Lapsed, Probation, etc.)</th>
<th>Any Disciplinary Actions Taken or Pending</th>
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<tbody>
<tr>
<td>State of Original Licensure</td>
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<td>State of Most Current Licensure</td>
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<td>All Other States</td>
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**PART E: Prior Convictions:**

Please list any prior conviction of or entry of a plea of guilty or nolo contendere to any crime that is a felony or misdemeanor under the laws of the United States or any state or territory thereof or a misdemeanor of which an essential element is dishonesty or that is directly related to the practice of the profession for which you seek a Non-Binding Advisory Opinion. Please attach a copy of all convictions or plea agreements for the convictions set forth below.

(If additional space is needed, attach a separate sheet.)

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PART F: Offense/Mitigation:

Please provide a description of the offense/conviction for which you seek a Non-Binding Advisory Opinion. In addition, you may also provide a description of any mitigating factors surrounding the offense/conviction as well as any mitigating factors occurring after the offense/conviction. Please note that any statement of mitigation should include, at a minimum, information indicating when the offense occurred; any direct relationship between multiple or previous criminal offenses and/or convictions; the age of the individual at the time of occurrence of the criminal offenses; any education obtained or attempted; and, any other information you believe may show rehabilitation and good conduct. (If additional space is needed, attach a separate sheet.)

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PART G: Certifying Statement:

Under penalties of perjury, I declare that I have examined this Request Form and all supporting documents submitted by me in connection therewith and, to the best of my knowledge, they are true, correct, and complete. By signing below, I hereby acknowledge that I understand that this is a request for a Non-Binding Advisory Opinion as to the effect of any conviction/offense set forth herein, and I further acknowledge that I understand that any response received by me in response to the submission of this Form is advisory and non-binding upon the Department.

_________________________________________  ___________________________
Signature of Applicant                            Date