



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation
Request for Reinstatement of Illinois License

PLEASE PRINT

License No: _____ SSN (Last four only): _____ Date of Birth: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

CHECK HERE IF NAME OR ADDRESS CHANGE. A name change must be accompanied by documentary proof. Proof must be a certified copy with an official stamp or seal and be one of the following: Marriage Certificate, Divorce Decree or Court Order.

CHECK THE APPROPRIATE ANSWER BELOW:

Are you more than 30 days delinquent in complying with a child support order? **NOTE:** If you are not subject to a child support order, answer "No".

NO YES

Check the box indicating the appropriate information regarding your application.

Military Military Spouse Not Military Decline to Answer

Military service member is defined as. "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Service-member's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

I understand if I provide false/fraudulent information I could lose my license, be fined and/or have other penalties assessed. I also understand the FEES ARE NOT REFUNDABLE. Therefore, I declare that I have examined this form and, to the best of my knowledge, all statements are true, correct and complete.

Signature: _____ Date: _____

My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee, but in no event shall such reduction be made in an amount greater than \$50.

INCOMPLETE REINSTATEMENT: Incomplete forms will be returned and result in a substantial delay in the reissuance of your license. Please assure your reinstatement includes the following:

- Reinstatement form must be completed in full, include the required fee and a signature.
- Fee must be a check or money order, payable to the Illinois Department of Financial and Professional Regulation. Do not mail cash.
- Verify the appropriate fee amount.
- Include any necessary and required supporting documentation such as: Proof of CE and completion of the **CCA Form** (if applicable). Verification of the requirements are available on our website: www.idfpr.com

SEND ALL REQUIRED INFORMATION AND PAYMENT TO:

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION
POST OFFICE BOX 7450
SPRINGFIELD, IL 62791-7450