



**Illinois Department of Financial and Professional Regulation**

**Division of Professional Regulation**

**Application for Certification of Licensure**

**INSTRUCTIONS:**

- A. Submit fee of **\$20** and the required application, if applicable, for each Certification requested. Send a check or money order made payable to IDFPR.
- B. Fill out the application completely. Type or Print in black ink only.

License Number	Profession
Last Name	First Name
Home Address (Street, City, State, Zip Code)	
Business Address, if applicable (Street, City, State, Zip Code)	

**FORWARD CERTIFICATION TO:**

Name of Individual or Agency
Street Address
City, State, Zip Code

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SEND APPLICATION AND PAYMENT TO:**

**ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
DIVISION OF PROFESSIONAL REGULATION  
POST OFFICE BOX 7046  
SPRINGFIELD, IL 62791-7046**