LICENSE NO.: 475.

PART A: Continuing Education:

____ I have fully complied with the Continuing Education requirement for the renewal of my license. This includes the mandatory 1 hour Sexual Harassment Prevention Training.

____ I wish to renew my license in an INACTIVE status.

- Licensee must have completed all CE requirements including Sexual Harassment Prevention Training
- Licensee may NOT practice while in an INACTIVE status. Practicing on an inactive license is possible grounds for disciplinary action.

PART B: Child Support Statement:

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

DAYTIME PHONE NUMBER: (   ) ________________________

SIGNATURE: ____________________________________________

Print Name: ____________________________________________

My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is greater than the required fee above, but in no event shall such reduction be made in an amount greater than $50.

Fee Before: 4/30/2022 $150.00  (See Payment Options Below.)
Fee After: 4/30/2022 $200.00  (Includes Late Penalty Fee.)

PART C:

APPLICATIONS NOT SIGNED AND/OR INCOMPLETE WILL BE RETURNED.
I understand that 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: ____________________________________________

Print Name: ____________________________________________

My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is greater than the required fee above, but in no event shall such reduction be made in an amount greater than $50.

State Of Illinois
Department of Financial and Professional Regulation

RENEWAL INSTRUCTIONS FOR: LICENSED REAL ESTATE BROKER

1. Illinois law requires you to respond to the Continuing Education question listed in Part A. Please refer to the enclosed CE Fact Sheet.

   NOTE: If this is your FIRST renewal for your Broker license, you are required to complete post-license education prior to renewing your license.

2. Illinois law requires you to respond to the Child Support question in Part B. Licensees required to pay child support must certify on this renewal form to not being more than 30 days delinquent in complying with a child support order. If you are not subject to a child support order, answer "No."

3. Make any name or address changes on the reverse side of this form. Name changes must be accompanied by copies of one of the following: marriage certificate, divorce decree, court order, etc.

4. You must sign the application in the space provided and indicate your Email address in Part C.

5. If you have changed your Sponsoring Broker, please complete the information at the bottom of this form. You are required to include a $25.00 fee IN ADDITION to your completed License Renewal above.

INCOMPLETE RENEWALS: An incomplete renewal will be returned to you for proper completion. This will result in a substantial delay in renewing your license to practice. Practice after the expiration of your license shall constitute unlicensed practice which could result in civil/criminal penalties and discipline of your license.

CHANGE OF SPONSORING BROKER

SPONSORING BROKER CHANGE (If Applicable)

If you have changed your sponsoring broker, please complete the information to the right.

You are required to include a $25.00 fee and this section of the renewal IN ADDITION to your completed License Renewal above.

Sponsor Name: ____________________________ License# ____________________________

Sponsor Signature: ____________________________

Sponsor Address: __________________________________________________________________

City/State/Zip: ____________________________________________________________

**FOLD & DETACH ON PERFORATION**

**FOLD & TEAR ON PERFORATION**
Please PRINT any name/address change below. Change of name must be accompanied by documentary proof.

Name:_______________________________________________
Address:_____________________________________________
City/State/Zip:_________________________________________

PAYMENT OPTIONS (Fees are NOT Refundable)

CHECK/MONEY ORDER: Mail the upper portion of this renewal form along with the correct fee. Only checks and money orders, payable to the DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, will be accepted. Only checks drawn on United States Banks within the Federal Reserve are accepted. Mailed renewals typically require four to six weeks to process. DO NOT SEND CASH! Placement of a STOP PAYMENT on a check results in a $50 fine.