APPLICATION FOR DUPLICATE LICENSE

FILING INSTRUCTIONS

The Application for Duplicate License shall be filed to request a license replacement in the event the original license of the corporate office or a branch office is damaged or lost. A fee of $50.00 paid by CASHIER’S CHECK, CERTIFIED CHECK OR MONEY ORDER, payable to the Illinois Department of Financial and Professional Regulation, shall accompany the application. Company and personal checks will NOT be accepted. A licensee filing an Application for Duplicate License must also file an Affidavit of Lost, Destroyed or Stolen Residential Mortgage License.

All checks are processed in our Springfield office, therefore, please mail all checks and the Application for Duplicate License to 320 West Washington Street, 5th Floor, Springfield, IL 62786. Because licensing functions are executed in the Mortgage Banking Section, all questions should be directed to 312-793-1409/fax 312-793-1490/TDD 312-793-0291.

APPLICANT INFORMATION (Please print or type.)

License Number ____________________________________________
(Include branch extension number if applicable. Example: license number-001, -002, -003)

License Name ____________________________________________

Address ________________________________________________

City, State, Zip __________________________________________

Phone ___________________________ Fax _______________________

Contact Person/Title ______________________________________

Contact Person Email _____________________________________

Reason for Replacement __________________________________

IMPORTANT NOTICE
This State Agency is requesting disclosure of information that is necessary to determine compliance with the Residential Mortgage License Act of 1987.Disclosure of this information is MANDATORY. Failure to provide the information could result in a fine or licensing penalty under the Act. This form has been approved by the Agency Form Coordinator.
VERIFICATION

Signature(s) of person(s) required to execute this form in accordance with Title 38, Chapter II, Part 1050 of the Illinois Administrative Code:

Signature _______________________________  Title _______________________________

Signature _______________________________  Title _______________________________

Signature _______________________________  Title _______________________________

Signature _______________________________  Title _______________________________

STATE OF _______________________________  Subscribed and sworn to before me this _______

COUNTY OF _______________________________  day of ______________________, 20______

______________________________  (SEAL)
Notary Signature