



**INSTRUCTIONS FOR AN
APPROVED PRE-LICENSE REAL ESTATE SCHOOL
BRANCH OR EXTENSION LOCATION**

511

**ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL
REGULATION**

**Division of Professional Real Estate
320 West Washington Street
Springfield, Illinois 62786
800/560-6420**

1. Complete application in its entirety.
 - a. The application must be signed by the School Administrator/Director of the school. The individual must be registered with the Illinois Department of Financial and Professional Regulation. If this is signed by someone other than the school Administrator/Director the application will be returned.
 - b. All applications must be mailed with their appropriate fee to:

Illinois Department of Financial and
Professional Regulation
Real Estate Education
320 West Washington Street
Springfield, IL 62786

**If you have any questions, please contact our office:
Real Estate Licensing 800-560-6420**
2. Attach a sketch/diagram of the branch or extension location giving dimensions of same. The diagram should include exits, restrooms and classrooms.
3. All applications must include a lease agreement or space use agreement or statement.
 - a. The lease agreement may be signed by each party (School Administrator and the branch location owner) or only the School Administrator.
 - b. The space use agreement can be in the form of a letter signed by the branch location owner giving permission to the school to use their location.
 - c. If (a) and (b) are not available, the Illinois Department of Financial and Professional Regulation, will accept a statement from the School Administrator explaining why the above is not available and that they have permission to use the branch location.
4. Application Fee:
 - a. A non-refundable fee of \$175 per application is required to open a branch associated with an approved proprietary school.

APPLICATION FOR AN APPROVED PRE-LICENSE REAL ESTATE SCHOOL BRANCH OR EXTENSION LOCATION

	Illinois Department of Financial and Professional Regulation Division of Real Estate 320 West Washington Street Springfield, IL 62786 800-560-6420	PROFESSION CODE 511
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*Important Notice: Completion of this form is necessary to accomplish the requirements outlined in The Real Estate Licensing Act of 2000. Disclosure of this information is **REQUIRED**. Failure to comply may result in this form not being processed. This form has been approved by the Agency Forms Coordinator.*

A SIGNED LEASE, DIAGRAM AND FEE (IF APPLICABLE) MUST ACCOMPANY THIS APPLICATION

1. School Name	2. School Approval Number 510-
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3. School Address (include street, city, state and zip code)

4. School Administrator	5. Telephone Number for Main School (include Area Code) (___) ___ - ____
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6. Branch Location Name	7. What is the Maximum enrollment for any one course at the branch location?
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8. Branch Location Address (include street, city, state, and zip code)

I hereby certify that all information herein is true and accurate to the best of my knowledge, that I am the person legally authorized to sign this application, and that the above facilities comply with all applicable community fire codes, building codes and health and safety standards and all requirements set forth in the Illinois Real Estate License Act and Administrative Rules.

School Administrator Signature

Date