



REAL ESTATE EDUCATION PROVIDER NOTIFICATION OF CHANGE IN ADMINISTRATOR OR OWNER/OFFICERS

**ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF REAL ESTATE**

320 W. Washington, 3rd Floor
Springfield, IL 62786

FPR.RealEstateEducation@illinois.gov

Disclosure of this information is REQUIRED. This form has been approved by the Agency Forms Coordinator.

PROVIDER INFORMATION

CHANGE OF ADMINISTRATOR

PROVIDER NAME _____ LICENSE NO. _____

PREVIOUS ADMINISTRATOR'S NAME _____

NEW ADMINISTRATOR'S NAME & TITLE _____

MAILING ADDRESS _____

CITY, COUNTY, STATE, ZIP CODE _____

TELEPHONE NUMBER (___) ___ - ____ EMAIL ADDRESS: _____

OWNERS/OFFICERS INFORMATION

CHANGE OF OWNER/OFFICER

OWNER NAME (S) _____

OFFICERS NAMES PRESIDENT _____

VICE-PRESIDENT _____

TREASURER _____

SECRETARY _____

BY _____ DATE _____

ADMINISTRATOR'S SIGNATURE

Please retain a copy for your records. If you have any questions, please contact our **Real Estate Education Section** at the above email address. Send completed form to: FPR.RealEstateEducation@illinois.gov.

IL 505-0364 (7/23)