



**STATE OF ILLINOIS**  
**Department of Financial**  
**and Professional Regulation**

**Reciprocity Application**  
**for Licensure Under the**  
**Real Estate License Act**

# RECIPROCITY APPLICATION

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

### Broker/Managing Broker Professions

**Important Notice:** Completion of this form is necessary to accomplish the requirements outlined in the Illinois Real Estate License Act of 2000 {225 ILCS 454}. Disclosure of this information is REQUIRED. Failure to comply may result in this application not being processed. This application has been approved by the Agency Forms Coordinator.

#### I. APPLICATION INSTRUCTIONS FOR LICENSURE ON THE BASIS OF RECIPROCITY:

- a) You must be actively licensed by examination in the state from which you are applying.
- b) Illinois must have a written reciprocal agreement with the state in which you are currently licensed by examination.
- c) You must take and pass the Illinois portion of the licensure examination.
- d) Your sponsor must have an active broker or managing broker license in Illinois. A managing broker can self-sponsor. After 4/30/2012, your sponsor must have a managing broker license.
- e) For Managing Broker Applicants only: your broker license must have been in an active status during the immediately preceding two years.

**IF YOU DO NOT MEET THE ABOVE QUALIFICATIONS, YOU MUST APPLY FOR LICENSURE ON THE BASIS OF EXAMINATION.**

**DO NOT COMPLETE THIS APPLICATION TO APPLY FOR THE REAL ESTATE EXAMINATION.**

**Any license issued under these provisions shall be valid, and may be renewed provided the reciprocal state maintains an agreement with Illinois. If licensee establishes residence in Illinois, the licensee must notify the office of his/her new address.**

**II. Please read the entire instructions before completing the application.** Complete only the necessary steps that apply to you. To obtain assistance in completing this application, please email [FPR.Realestate@illinois.gov](mailto:FPR.Realestate@illinois.gov).

**Original/Official Documents** – Original/Official documents will be returned if you provide a copy of document(s) and a self-addressed stamped envelope.

1. Type or print legible with **black ink** only.
2. Your **Social Security number is required** to be on your application for our identification use only.
3. All forms are required to be completed in their entirety:
  - a. Personal History and Non-resident Consent.
  - b. Certification of Licensure - must be completed by the state of original licensure and your current state of licensure.
  - c. **Managing Broker Applicants Only** – Broker experience is to be completed by your sponsoring broker verifying active practice as a broker for a minimum of 2 years immediately prior to submission of this application. A self-employed broker needs to complete the employer section on his own behalf.
  - d. Submit your pass notice for the Illinois Portion of the examination.
  - e. **Broker fee required: \$150. Managing Broker fee required: \$175.** Fee payments must be in the form of a check or money order payable to:

**ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION.**

**Mail** application with all supporting documentation and fee to:

Illinois Department of Financial and Professional Regulation  
PO Box 7570  
Springfield, IL 62791-7570

**RECIPROCITY APPLICATION**  
 Illinois Department of Financial and Professional Regulation  
 PO Box 7570  
 Springfield, IL 62791-7570

**PART I. APPLICATION FOR THE FOLLOWING PROFESSION**

1. Profession Name for which this application is being completed: (Managing Broker) fee: \$175  
 (Broker) fee: \$150

**PART II. APPLICANT'S PERSONAL INFORMATION**

- |                                  |  |
|----------------------------------|--|
| 1. NAME (Last, First and Middle) | 2. SOCIAL SECURITY NUMBER or ITIN (Required) |
|----------------------------------|--|

3. PERMANENT MAILING ADDRESS – Any change of address must be submitted in writing to the IDFP.

Street Address

City, State Zip Code

Email Address

4. Maiden, given surname, or any name(s) under which supporting documents will be submitted.

- |                     |   |        |        |
|---------------------|---|--------|--------|
| 5. Place of Birth   | 6. Date of Birth                          | 7. Age | 8. Sex |
| City, State Country | ____ ____ ____<br>_____<br>Month Day Year | ____   | ____   |

9. Telephone Number(s)

Daytime(\_\_\_\_) \_\_\_\_ - \_\_\_\_

Evening(\_\_\_\_) \_\_\_\_ - \_\_\_\_

**PART III. Licensure History**

State Of Original Licensure	Profession ____ Broker ____ Salesperson	License Number	Original Issue Date	Current Status
State(s) of Current Licensure	____ Broker ____ Salesperson			
Other State(s) of Licensure	____ Broker ____ Salesperson			







## CONSENT TO EXAMINE AND AUDIT SPECIAL ACCOUNTS

Illinois Department of Financial and Professional Regulation  
 Division of Real Estate  
 PO Box 7570  
 Springfield, IL 62791-7570  
 FPR.Realestate@illinois.gov

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- I **have** one or more special accounts, and authorize a representative of the Illinois Department of Financial and Professional Regulation to examine those accounts. (Please complete both Parts A and B of this form.)
- I **do not** accept escrow monies, and do not hold monies belonging to others. Therefore, I do not maintain any special accounts. (Please complete only Part A of this form.)

### PART A: SPONSORING BROKER INFORMATION

1. Name of Individual Managing Broker (Sole Proprietor), Partnership, Corporation, or Limited Liability Company

2. Business Address (Street, City, State, Zip Code)

3. Telephone Number ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_

4. License Number

Email Address:

### PART B: DEPOSITORY AT WHICH REAL ESTATE SPECIAL ACCOUNT(S) ARE MAINTAINED. A separate Consent to Audit form is required for each depository at which you maintain special account(s). Copy this form as needed.

1. Name and address of Bank or Savings and Loan Association

\_\_\_\_\_

\_\_\_\_\_

2. Specific Special Accounts to be Examined and Audited

Title(s) of Special Account(s)	Account Number	Identifying Number(s) Required by IRS (FEIN or Social Security No.)

3. List Those Persons Authorized to Withdraw Funds From the Above-Named Special Account

Name	Sex	Title	License Number

I hereby authorize the above named-depository to allow, at any time, a duly authorized representative of the Department of Financial and Professional Regulation to examine and audit the above named special account(s). I am one of the individuals listed under Part B(3) above.

\_\_\_\_\_  
Signature of Managing Broker

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date

Title \_\_\_\_\_

IL 505-0341 (Rev 11/23)



ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

Division of Real Estate

PO Box 7570

Springfield, IL 62791-7570

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**NON-RESIDENT CONSENT/CERTIFYING STATEMENT**

I hereby consent with the IDFPR that actions may be commenced against me in a court of competent jurisdiction in this State by the service of summons, process, or other pleading authorized by the law upon this Agency. The consent shall stipulate and agree that service of the process, summons, or pleading upon the Agency shall be taken and held in all courts to be valid and binding as if actual service had been made upon the applicant in Illinois.

**CERTIFYING STATEMENT**

I hereby attest to having read and understood the Illinois Real Estate Licensing Act of 2000, Rules and agree to abide by all provisions contained therein. I hereby submit this application, and upon oath states and verifies that all statements made are true, correct and are made for the purpose of securing a license under the Real Estate Act of 2000.

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Typed/Printed Name of Applicant

Date

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Signature of Applicant