



**CERTIFICATION BY LICENSING AGENCY /BOARD**

**Office of Banks and Real Estate**

500 East Monroe, Suite 200

Springfield, IL 62701

**REAL ESTATE EDUCATION 217/ 782-3338**

**APPLICANT:** Complete this section only. Forward it to the state from which you are requesting certification by a licensing agency/board. Contact certifying state for appropriate fee. You are authorized to photocopy this form as necessary.

1. Name Last                      First                      Middle	2. Date of Birth __ / __ / __ Month Day Year	3. Social Security Number. ___ / ___ / ____
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4. Address Street, City, State, Zip Code	5. Maiden or Given Surname
	6. Indicate Profession Name for Which You Are Applying: <input type="checkbox"/> Salesperson <input type="checkbox"/> Broker <input type="checkbox"/> Instructor

7a. Name of Profession as it appears on license from the state to which this form is being forwarded.	7b. License Number
	7c. Issuance Date of License

I hereby authorize \_\_\_\_\_ to furnish to the Office of Banks and Real Estate, Bureau of Real Estate Professions, the information requested below.

*Name of State Licensing Agency or Board*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**LICENSING AGENCY:** Other forms of Certification will be accepted, provided all applicable information requested on this form is contained in the Certification, Return completed form directly to the applicant.

**CERTIFICATION OF LICENSE**

A. Name of Profession as it appears on license	B. License Number
C. Issuance Date of License	D. Expiration Date of License
E. Current License Status <input type="checkbox"/> Active <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive <input type="checkbox"/> Other (Explain) _____	F. Reciprocal Registration This State <input type="checkbox"/> does <input type="checkbox"/> does not have a reciprocal agreement with Illinois.

G. Is there now or has there ever been any disciplinary action commenced against the applicant?  Yes  No

H. If "G" is answered yes, has there ever been any formal sanctions imposed against the applicant's license as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation?  
**(If yes, attach a certified copy of disciplinary action.)**       Yes    No

**I certify that the information contained herein is true and correct according to the official records of this state.**

Signature _____	Agency/ Board Street Address, City, State, Zip Code and Telephone Number
Print Name _____	_____
Title _____	_____
Date _____	

**EMBOSSSED SEAL**