



Inland Real Estate Network, Inc. | 2901 Butterfield Road Oak Brook, IL 60523 | 708-328-8863

**Re: Inland Real Estate Network, Inc. License Sponsorship Application and New License Application**

Thank you for your interest in license sponsoring with **Inland Real Estate Network, Inc.**

Following please find Inland Real Estate Network's membership documentation, which includes the Membership Application, Independent Contractor Agreement, Commission Schedule and W-9. Should you decide to place your license with the Inland Real Estate Network, please print out and complete the forms and sign the agreements. Email or mail these documents to my attention. Processing/Sponsorship fee of **\$50.00** may be made online on our website ([www.inlandnetwork.com/membership](http://www.inlandnetwork.com/membership)) or you may mail a check made payable to **Inland Real Estate Network, Inc.**

***Please note the \$50.00 annual sponsorship fee is billed each January.***

**Application for your license is now handled through your personal user account in the IDFPR website. If you do not have a user account, you will have to create one. Here is the link:**  
<https://ilesonline.idfpr.illinois.gov/DFPR/Login.aspx?ReturnUrl=/DFPR/Account/UserAccount.aspx>

You will then fill out your application for a Broker's License online. In the application, Question 20 (Sponsoring Broker) requires you to select your new Sponsoring Broker. Enter the Inland RE Network license number (**478.004425**) or search for **Inland RE Network, Inc.** in the search field and select us as your Sponsoring Broker. Complete the rest of the form and pay the \$125 application fee online. Once you have completed the application process, we will be notified and will accept your request (pending receipt of your application documentation as noted above). 45-Day sponsorship cards are no longer provided as this on-line process is immediate.

**Instructions on creating your online account and completing your license application are also included in this PDF.**

Do not hesitate to contact me with any questions.

Sincerely,

**INLAND REAL ESTATE NETWORK, INC.**

Dave McGowan  
Network Administrator  
Inland Real Estate Network, Inc.  
2901 Butterfield Rd  
Oak Brook, IL 60523  
708-328-8863  
[contact@inlandgroup.com](mailto:contact@inlandgroup.com)

**Please note Inland Real Estate Network is an Illinois license holding company for Illinois licensees. Client representation, board membership, and MLS access are not permitted. Real estate activity is limited to referrals which pay an 80/20% split, 80% to the agent. Referrals may be offered to the agent and office of your choice.**



Inland Real Estate Network, Inc. | 2901 Butterfield Road Oak Brook, IL 60523 | 708-328-8863

## **INLAND REAL ESTATE NETWORK, INC. Application for Sponsorship**

### **APPLICATION**

To request sponsorship of your Broker's License by the **Inland Real Estate Network**, please fill out and sign the documents on next five pages.

When completed, please return the signed forms to the Inland Real Estate Network:

**Email:**

contact@inlandnetwork.com

**Mail:**

Dave McGowan  
Inland Real Estate Network, Inc.  
2901 Butterfield Road  
Oak Brook, IL 60523

### **PROCESSING/MEMBERSHIP FEE**

The Processing/Sponsorship fee is **\$50** and may be charged on your credit card on our website (<http://inlandbrokerage.com/membership>).

You may also mail or drop off a check, made out to the **Inland Real Estate Network**.

### **QUESTIONS?**

708-328-8863 or [contact@inlandnetwork.com](mailto:contact@inlandnetwork.com)

### **NOTE:**

To complete your license application with the State of Illinois, you must go to the IDFPR On-Line Portal, create an account, if you do not have one, and complete the application for a license. Instructions for this are also included in this PDF.

**INLAND REAL ESTATE NETWORK, INC.**

2901 Butterfield Road  
Oak Brook, IL 60523  
708-328-8863

**How did you hear about  
Inland Real Estate Network?**

- ☐ Referred by Managing Broker  
☐ Referred by colleague or friend  
☐ Referred by instructor  
☐ Internet search  
☐ Other (please specify):  
\_\_\_\_\_

## APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ALTERNATE EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

LICENSE DESIGNATION (Circle one): Broker Managing Broker Leasing Agent

LICENSE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# INLAND REAL ESTATE NETWORK, INC.

## INDEPENDENT CONTRACTOR AGREEMENT

This AGREEMENT is made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by and between **INLAND REAL ESTATE NETWORK, INC.** ("Broker") with its main office at 2901 Butterfield Road, Oak Brook, Illinois, 60523 and \_\_\_\_\_ ("Associate").

### RECITALS

WHEREAS, Broker is a real estate broker duly licensed in compliance with all laws, statutes, rules and regulations; and WHEREAS, it is mutually advantageous for Broker and Associate to form a relationship whereby Associate will refer all prospects regarding a real estate sale or purchase and upon consummation of such transaction receive a commission for such referral.

THEREFORE, the parties have made the following promises, covenants and agreements:

### ASSOCIATE COVENANTS

Associate hereby covenants and agrees:

- 1.1 License: That Associate has obtained a real estate broker's or managing broker's license in accordance with the Illinois Real Estate License Act and will renew license when required in a timely manner.
- 1.2 Laws: That Associate will conduct business and regulate their habits in accordance with all applicable laws, rules, regulations and codes of ethics including, without limitation, the rules promulgated by the Department of Financial and Professional Regulation, Real Estate Licensing pursuant to the Illinois Real Estate License Act.
- 1.3 Referrals: That Associate will **REFER** all prospects regarding a real estate sale or purchase in writing to broker.
- 1.4 Authority: That Associate will act in the capacity of an independent contractor and not hold himself out to be an agent, partner, joint venturer or other affiliate of Broker.
- 1.5 Non-Assignability: That Associate will not assign or transfer any part or all of his rights or obligations contained in this agreement to any other party.
- 1.6 Limitation of Actions: **That Associate will limit his activities to referrals and will not act as escrowee, advertise, draft documents or perform any other activity not expressly authorized in this Agreement.**
- 1.7 Exclusivity: That Associate will not affiliate with another broker during the term of this Agreement and shall not receive commissions other than by, through or under Broker.
- 1.8 Education: That Associate will take all required continuing education courses as required by License Act and shall submit proof of such completion if requested by Broker.

### BROKER COVENANTS

- 2.1 Operation: To maintain an office properly equipped and adequately staffed to perform the services required in this Agreement.
- 2.2 Distribution of Commissions: To distribute any earned commissions as soon as practicable after receipt of commission by Broker.

### COMMISSION

- 3.1 Commission Split: Associate will receive 80% of all referral fees/commissions received for referring a prospect and Broker will receive 20% of all referral fees/commissions so received as a processing fee.
- 3.2 Dispute: In the event two or more Associates participate in a referral, or claim to have done so, the amount of Associates' share of commission shall be divided equally between them and may, at the option of any of them, request arbitration in accordance with the rules promulgated by the American Arbitration Association. The cost of such arbitration proceedings will be paid by losing party to the arbitration proceedings and shall not be borne in any manner by Broker.
- 3.3 Exculpation: In no event shall Broker be directly liable for payment of a commission to Associate. The sole obligation of Broker hereunder shall be to forward Associate's share of commissions as sums are actually received. In no event shall Broker be deemed an obligor or guarantor of commissions earned by Associate hereunder.
- 3.4 Consummation: No referral fee/commission is due or will be paid until the transaction referred by Associate has been fully consummated. No referral fee/commission will be due or paid for a referral in which a transaction is not ultimately completed.

### **EXPENSES**

- 4.1 **Broker Limitation:** Broker shall not be liable to Associate for any expenses incurred by Associate or caused by the acts of Associate or for Associate's license, membership or professional fees or expenses.
- 4.2 **Associate Limitation:** Associate shall not be liable to Broker for any expenses incurred by Broker or caused by the acts of Broker or for Broker's license, membership or professional fees or expenses.

### **INDEPENDENT CONTRACTOR**

- 5.1 **Limitation of Authority:** Associate shall have no authority to bind Broker by any promise, representation, warranty or hold out as an agent, employee, partner or joint venturer to any party unless expressly authorized in writing by Broker.
- 5.2 **Limitation of Liability:** Associate acknowledges and agrees that Broker, its officers, directors, agents and employees shall have no obligation or liability whatsoever to Associate for worker's compensation claims, federal and state payroll taxes, minimum wages, social security assessments or similar taxes or liabilities. Associate shall not be treated as an employee with respect to the services performed hereunder for federal income tax purposes.

### **TERMINATION**

- 6.1 **Necessity of Notice:** This Agreement may be terminated by either party for any reason upon delivery of written notice to the other party; The termination notice shall be deemed effective two (2) business days after mailing of such notice.
- 6.2 **Pending Transactions:** Upon termination of this Agreement for any reason all prospects previously referred by Associate shall be deemed Broker's prospects exclusively; provided, however, except as provided in paragraph 6.3, Associate shall receive 50% of the commission paid for any pending transaction which is completed within six (6) months after the effective date of termination.
- 6.3 **Termination for Cause:** Upon termination by Broker for any breach of this Agreement, all prospects previously referred by Associate shall be deemed Broker's prospect exclusively and Associate shall not be entitled to any commission therefore.

### **HOLD HARMLESS**

- 7.1 **Indemnity:** Associate hereby holds Broker harmless and indemnifies Broker from any cause of action, claims, debts, demands, judgments and liabilities, including awards and expenses, by reason of the acts or omission to acts of Associate. This indemnity will survive termination of this Agreement.

### **MISCELLANEOUS**

- 8.1 **Severability:** It is mutually understood and agreed that all agreements and covenants herein are severable and that in the event any of them shall be held to be invalid by any court, the remaining provisions of this Agreement shall not be affected thereby and shall be interpreted as if such invalid provision were not contained herein.
- 8.2 **Choice of Laws:** This Agreement shall be construed in accordance with the laws of the State of Illinois.
- 8.3 **Singular, Plural, Gender:** Whenever herein the singular number is used, the same shall include the plural and the masculine gender shall include the feminine and neuter genders.
- 8.4 **Form of Notice:** Any Notice or demand from either party to the other shall be mailed by registered or certified mail to the addresses stated herein above or such other address as shall have been last designated by such party receiving such notice.

IN "WITNESS WHEREOF", the parties hereto have executed or caused this Agreement to be executed on the day and date first written above.

#### **ASSOCIATE**

By: \_\_\_\_\_

#### **BROKER:**

**INLAND REAL ESTATE NETWORK, INC.**  
2901 Butterfield Road, Oak Brook, IL 60523  
708-328-8863

By: \_\_\_\_\_

Title: Managing Broker

Date: \_\_\_\_\_

# INLAND REAL ESTATE NETWORK, INC.

## COMMISSION SCHEDULE AND AGREEMENT

To receive a commission or referral fee from **Inland Real Estate Network, Inc. (Broker)**, the following requirements must be met:

1. Associate receiving the commission or referral fee must have a valid real estate license with the State of Illinois.
2. Associate must be currently sponsored **by Inland Real Estate Network, Inc.**
3. Inland Real Estate Network, Inc. is to receive the entire commission or referral payment of which 20% is retained by **Inland Real Estate Network, Inc.** with remaining 80% disbursed to the Network Referral Associate.

### ***Example:***

**Inland Real Estate Network, Inc.** receives a referral commission check in the amount of \$5,000 from Century 21. 20% (\$1,000) is retained by **Inland Real Estate Network, Inc.** with the remaining 80% (\$4,000) disbursed to the Network Associate who referred the transaction.

**This agreement remains in effect throughout licensees' association with Broker. However, Broker retains the right to modify Commission Schedule and Agreement upon 60 days written notice to Associate. Any such modified subsequent agreement would be effective upon the start of a new calendar year. Licensee retains the right to reject new agreement and terminate his/her association with Broker at any time.**

Accepted and agreed:

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Associate

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Date

**Inland Real Estate Network, Inc.**  
2901 Butterfield Road  
Oak Brook, IL 60523  
708-328-8863  
[contact@inlandnetwork.com](mailto:contact@inlandnetwork.com)  
inlandnetwork.com



# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the  
requester. Do not  
send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.  
See Specific Instructions on page 3.

<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
<b>2</b> Business name/disregarded entity name, if different from above.	
<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional) <b>INLAND REAL ESTATE NETWORK INC</b> <b>20 DENADA SQUARE WEST #116</b> <b>WHEATON, IL 60189</b>
<b>6</b> City, state, and ZIP code	
<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>	
<input type="text"/>	<input type="text"/>
<b>or</b>	
<b>Employer identification number</b>	
<input type="text"/>	<input type="text"/>

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**  
Signature of U.S. person

Date

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



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# Account Creation: New Applicants

Revised 2-26-18

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# Overview

All users will need to create a new account before they can utilize the IDFPR Online Services Portal. This guide is to assist **new applicants** in the creation of an online account to ensure that the information contained within the database is properly associated with your account. If you are a previous applicant or existing licensee, please refer to the account creation guide for returning applicants in the online portal.

1. Access the Online Services Portal at: <https://ilesonline.idfpr.illinois.gov/DFPR/Default.aspx>
2. Select “Register” from “Access Your Account” section or select ‘Click Here’ under new applications

The screenshot displays the IDFPR Online Services Portal. At the top, there are links for 'Login' and 'Register'. The main header features the IDFPR logo and navigation links: 'HOME', 'MY ACCOUNT', and 'ONLINE SERVICES'. On the left, a sidebar titled 'Access Your Account' contains a 'Renew HERE' button, input fields for 'User ID' and 'Password', a 'Log In' button, and links for 'Don't have an account? Register' and 'Forgot Password? Forgot User ID?'. The 'Register' link is highlighted with a red box. The main content area, titled 'IDFPR Online Services Portal', includes a 'Welcome' message and a list of services offered. At the bottom of this section, there is a 'New Applications' link with a 'Click Here' button, which is also highlighted with a red box.

Access Your Account

Account Renew HERE

User ID

Password

Log In

Don't have an account? [Register](#)

[Forgot Password?](#) [Forgot User ID?](#)

Welcome

## IDFPR Online Services Portal

Welcome to our new Online Services Portal! We currently offer the following:


1. **New Professional License Applications:** Advance Practice Nurses (APNs), Barbers, Cosmetologists, Estheticians, Licensed Certified Public Accountants (CPAs), Dentists, Dental Hygienists, Licensed Massage Therapists, Licensed Practical Nurses (LPNs), Nail Technicians, Permanent Employee Registration Cards (PERCs), Pharmacy Technicians, Registered Nurses (RNs), and Real Estate Brokerage
2. **New Business License Applications:** Limited Liability Companies (LLCs), Medical Corporations, Professional Service Corporations (PCs), Public Accounting Firms, Salons/Shops
3. **New License Applications or Renewals:** Medical Cannabis Dispensary Agents
4. **New and Additional Controlled Substance Applications:** Advance Practice Nurses (APNs), Dentists, Optometrists, Physician Assistants, Physicians, Podiatrists and Veterinarians

**New Applications**

[Click Here](#)

# Account Matching

3. For the next page below, select 'No' and click 'Next.' If you are a **previous applicant or existing licensee**, please refer to the account creation guide for returning applicants in the online portal.

HOMEMY ACCOUNT

Register new Account

Fields marked with an asterisk \* are required.

Step 1. Business or Individual

**Register as:**

☒ Individual

☐ Business

## Account Matching

*Review the options and then select Yes, or No in the radio buttons or table below.*

1. I am applying for a license with the IDFPR for the first time and have never been issued a professional license by the IDFPR.	<a href="#">CLICK NO</a>
2. I am a current licensee of the IDFPR.	<a href="#">CLICK YES</a>
3. I have been fingerprinted for a license application and those results have been sent to IDFPR.	<a href="#">CLICK YES</a>
4. I previously applied for a license or sat for an examination, but never received a license from the IDFPR.	<a href="#">CLICK YES</a>
5. I had a license or registration with the IDFPR, but its status is now either: not renewed, expired or inactive.	<a href="#">CLICK YES</a>

☐ Yes

☒ No

Next

Cancel

# Registering a New Account

4. Create a user ID, enter your personal email address, and password. A pop-up menu will assist you in creating a complex password.
5. Enter your personal information and your public/mailling address. Select 3 secret questions and provide answers and enter the letters/number found in the CAPTCHA.
6. Select "Create Account" after all of the required fields have been completed.

Registration

Account Information

\* denotes required fields

\*User ID ✓

Jane\_Doe

\*Email ✓

test@illinois.gov

\*Password

\*\*\*\*\*

✓ Password meets complexity requir

Confirm Password

\*\*\*\*\*

Personal Information

\*First Name

Jane

Middle Name

Middle Name

\*Last Name

Doe

✕ Password Requirements:

Your password must contain at least 3 of the following 4 top requirements and must also be 4 characters or more in length.

✓ 1 lower case letter.

✓ 1 upper case letter.

✓ 1 number.

✓ 1 special character.

✓ 4 characters in length.

Public Address

Address1

123 State Street

Address2

Apartment 1

City

Chicago

State

Illinois

Zip Code

60601

County

COOK

Country

UNITED STATES

Phone

217-555-5555

Mailing Address

☐ Same as Public Address

Address1

Address1

Address2

Address2

City

City

State

Illinois

Zip Code

Zip Code

County

ADAMS

Country

UNITED STATES

Phone

Phone

Secret Questions

Secret Question 1

In what city did you meet your spouse/significant other?

▼

Springfield

Secret Question 2

In what city does your nearest sibling live?

▼

Evanston

Secret Question 3

In what city or town was your first job?

▼

Peoria

Captcha Verification

Please note that this code is case sensitive.

6D3Y8h

Enter Code\*


6D3Y8h

✕

Create Account

# Verifying Your Account

7. After you create an account, the system will direct you to the page below and send you an email to the address you provided. Close the browser window and check your email. Follow the instructions provided in the email and click on the link in the email to verify your address.



HOME   MY ACCOUNT 1   ONLINE SERVICES ▾

User Account

Thank you for creating a new account.  
You have been sent a confirmation e-mail.  
You must click on the link in the e-mail  
to activate your account and log into the system.

⚠ There is currently 1 issue with your account.  
Please resolve it before going further.

**Your email address has not been verified. If you have not yet received an email to do this, please follow the instructions below.**

User ID:	Jane_Doe	Change User ID
E-mail:	test@illinois.gov	Change Email

Please verify your account.

1. You have been sent a verification email by the system to the address listed above.
2. Click the link provided in the email to verify your account.

If you have not received a verification email:


1. Check your SPAM filter for the verification email.
2. If you are still not able to find the verification email, click the *Generate E-mail* button below and a new email will be sent.

Please note the following:

- Emails at time take up to 10 minutes to send
- After you click the *Generate E-mail* button all older verification emails will be invalid, so be sure to click the most recent link.

## Accessing your Account

8. After verifying your account you will be directed to the following page. Click 'Home' to Enter the Online Services Portal Dashboard.



HOME   MY ACCOUNT   ONLINE SERVICES ▾

User Account


Your e-mail address has now been verified. The Online Services link allows you to navigate our site by selecting the appropriate transaction you wish to accomplish. Online Services is located at top and bottom of this screen.

User ID:	Jane_Doe	Change User ID
E-mail:	richard.morris@illinois.gov	Change Email
Password:	Change Password	
Security Questions:	Change Security Questions	

# Portal Dashboard

9. You will now have access to you Online Services Portal Dashboard for a variety of license activities:

Jane Doe    Logout

HOME    MY ACCOUNT    ONLINE SERVICES ▾

Welcome

My Licenses

Contact Information

Login Information

Medical Facility Applicant Status

## IDFPR Online Services Portal

Welcome to our new Online Services Portal! We currently offer the following:

**New Applications**


To create or continue a new license application click the button below.


[Click Here](#)


**Renew Your License**

To renew your professional or business license online, click the button below.

[Click Here](#)

**Create/Continue Application**  
Create or continue a new license application.

**License Application Status**  
Check the status of your new license application.

**Upload Document(s)**  
Upload documents to your pending license application.





# Instructions for Online Licensing

Real Estate Broker



**Application:** To secure a Real Estate Broker license, an application must be completed and signed pursuant to [Illinois Administrative Code Title 68 Part 1450.420](#).

**Fee:** The fee required for the application is \$125. [See Illinois Administrative Code Title 68 Part 1450.130\(b\)\(1\)](#).

## Requirements for License by Examination Age

Applicants must be at least 21 years of age to apply. This requirement may be waived for applicants who are at least 18 years of age and can provide evidence of successful completion of at least four semesters of post-secondary education as a full-time student or the equivalent with major emphasis on Real Estate courses. [See Illinois Administrative Code Title 68 Part 1450.420\(a\)\(1\)](#).

## High School Diploma or GED

Certification of high school graduation or its general equivalent (GED). [See Illinois Administrative Code Title 68 Part 1450.420\(a\)\(2\)](#).

## License Examination

Applicants must successfully pass the license examination administered by [AMP](#). Results will be transmitted directly to the Division of Real Estate by the testing vendor. [See Illinois Administrative Code Title 68 Part 1450.210](#). The Candidate handbook from AMP can be found [here](#).

## Pre-License Education

Prior to taking the license examination, applicants must complete 90 hours of instruction in approved real estate license courses. [Approved pre-license schools](#) can be found here. Attorneys admitted to practice law by the Supreme Court of Illinois are exempt from this requirement. [See Illinois Administrative Code Title 68 Part 1450.420\(a\)\(4\)](#).

## Step by Step Instructions

### Question 1: Public Address

Enter a permanent physical address (not a P.O. Box) where you invite clients. This address will serve as your address of record.

### Question 2: Mailing Address

Enter the address where you want to receive mail.

### Question 5: City of Birth

Enter the city where you were born.

### Question 6: State of Birth

Enter the state where you were born. If you were born outside the United States, please select "Unknown."

### Question 7: Country of Birth

Enter the country where you were born.

### Question 6: Gender

Enter your gender.

### Question 9: Ethnicity

Select the race that best describes you.

### Question 11: Aliases and Name Changes

Have you ever gone by a name other than your current legal name? If Yes, please enter all aliases or former names. If No, please skip to Question 13.

### Question 12: Proof of Name Changes

If you answered "Yes" to Question 11, please upload documents detailing any name changes. For example, please submit copies of marriage certificates or court orders.

### Question 13: Secondary Education

Enter details about your secondary education (High School or GED).

### Question 14: Post-Secondary Education

Enter details about your college, university, training program or vocational school.

### Question 15: Professional License History

Please list all professional licenses held by you now or in the past and indicate the jurisdiction (state or province), license type, license number, and current license status.

### Question 16: Denial of Professional License, Permit, or Privilege

Have you ever been denied a business, trade, professional or occupational license, certification or permit (e.g., CPA, real estate broker, physician, attorney at law), or denied the privilege of taking an examination for one of these credentials? If Yes, please proceed to Question 17. If No, please skip to Question 18.

### Question 17: Denial Explanation

Please attach a detailed explanation describing the circumstances of the denial.

### Question 18: Professional Discipline

Have you ever been disciplined for activity that requires a business, trade, professional or occupational license, certification or permit (e.g., CPA, real estate broker, physician, attorney)? If Yes, please proceed to Question 19. If No, please skip to Question 20.

### Question 19: Discipline Explanation

Please attach a detailed explanation describing the circumstances of the discipline.

**Question 20: Sponsoring Broker**

First, please select "Real Estate" from the drop down menu for "Board." Next, search and select the Sponsoring Broker from the active list of available Sponsoring Brokers. The Sponsoring Broker must subsequently confirm your selection.

**Question 21: Criminal History – Felonies\***

Have you been convicted of a felony in any jurisdiction (federal, state, local, military, or foreign country)? If Yes, please proceed to Question 22. If No, please skip to Question 23.

\* **Criminal convictions are not an absolute bar to licensure.**

\* **Please do not disclose expunged, sealed, or juvenile convictions.**

**Question 22: Felony Disclosure(s)**

Please attach a personal statement describing the circumstances of any felony conviction(s) and copies of court, probation, or case documents from your conviction.

**Question 23: Criminal History – Misdemeanors\***

Have you been convicted of a misdemeanor in any jurisdiction (federal, state, local, military or foreign country) for any misdemeanor that has as an essential element dishonesty or fraud or that involves larceny, embezzlement, or obtaining money, property, or credit by false pretenses or by means of a confidence game? If Yes, please proceed to Question 24. If No, please skip to Question 25.

\* **Criminal convictions are not an absolute bar to licensure.**

\* **Please do not disclose expunged, sealed, or juvenile convictions.**

**Question 24: Misdemeanor Disclosure(s)**

Please attach a personal statement describing the circumstances of the misdemeanor conviction(s) and copies of court, probation, or case documents from your conviction.

**Question 25: Military Service**

Have you ever served in the armed forces or military? If Yes, proceed to Question 26. If No, please skip to Question 28.

**Question 26: Military Service Separation**

When separating from service, were you dishonorably discharged? If Yes, please proceed to Question 26. If No, please skip to Question 28.

**Question 27: Military Service Separation Explanation**

Please attach a detailed explanation about your separation from military service.

**Question 28: Government Service Termination**

Have you ever been terminated from employment by a federal, state, or local (county, city, or township) government employer? If Yes, please proceed to Question 29. If No, please skip to Question 30.

**Question 29: Government Service Termination Explanation**

Please attach a detailed explanation about your termination from government service.

**Question 30: Child Support**

Are you, or have you been, more than 30-Days delinquent in complying with a child support order or certified by a court as being in violation of the Non-Support Punishment Act for more than 60 days? See [20 ILCS 2105-15\(a\)\(5\)](#). If Yes, please proceed to Question 31. If No, please skip to Question 32.

**Question 31: Child Support Explanation**

Please attach a detailed explanation as to why you are delinquent on [child support](#) payments. If applicable, please provide proof of a satisfactory [payment plan](#).

**Question 32: Student Loans**

Are you in default on an educational loan acquired through or guaranteed by the [Illinois Student Assistance Commission \(ISAC\)](#) or other governmental agency of the State of Illinois? See [20 ILCS 2105-15\(a\)\(5\)](#). If Yes, please proceed to Question 33. If No, please skip to Question 34.

**Question 33: Student Loans Explanation**

Please attach a detailed explanation about any student loan defaults. If applicable, please provide proof of a satisfactory repayment record.

**Question 34: State Taxes**

Have you failed to file a return, pay the tax, penalty, or interest shown in a filed return, or pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the [Illinois Department of Revenue \(IDOR\)](#)? See [20 ILCS 2105-15\(g\)](#). If yes, please explain in Question 35. If No, please skip to Question 36.

**Question 35: State Taxes Explanation**

Please attach a detailed explanation. If applicable, please provide a clearance letter from the [Illinois Department of Revenue \(IDOR\)](#). If you have questions, call 217.785.5212.

**Question 36: Attestation**

Acknowledge that you answered all questions accurately and truthfully. You must select "Yes" to submit application.

**Question 37: Non-Refundable Fees**

Acknowledge that all fees are non-refundable.



## Criminal History Statement

### Question 38: Full Legal Name

Enter your full legal name. This serves as your signature.

### Question 39: Date of Application

Click on the hyperlink to enter today's date.

**Save and Close:** Each page within the application has a "Save and Close" button that allows you to save your progress so you can finish later.

### Question/Need Help?

Call 800.560.6420

### Application Review

When the application is complete, please review it in the provided screen. If you need to edit a section, use the "Previous" button in your browser.

### Ready to Checkout?

If you are satisfied that your application is complete, select "Add to Invoice."

### Edit from Checkout:

If you need to edit your application after submitting to Checkout, please click the trash icon (🗑️) which will return your application status to "In Progress" where you can then make edits.

### Payment:

All major credit cards and electronic checks are accepted. There is a 2.35% processing fee for all Credit and Debit Card Payments and a \$1.00 processing fee for ACH or e-Check.

You are not required to report: (1) law enforcement records, court records, and conviction records if you were 17 years old at the time of the offense and before January 1, 2014, unless the nature of the offense required you to be tried as an adult; or (2) arrests not followed by a charge or conviction; or (3) records of arrest where the charges were dismissed unless the charges were related to the practice of the real estate profession; or (4) convictions or arrests that have been sealed or expunged; or (5) convictions that were overturned by a higher court. You are also not required to report a juvenile adjudication occurring prior to your 18<sup>th</sup> birthday involving a violation or attempt to violate any federal, State, county or municipal law or ordinance other than (i) first degree murder, (ii) aggravated criminal sexual assault, or (iii) aggravated battery with a firearm.