

**STATE OF ILLINOIS**  
**DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION (IDFPR)**  
**DIVISION OF REAL ESTATE**  
320 WEST WASHINGTON STREET, 3RD FLOOR  
SPRINGFIELD, ILLINOIS 62786

**HOME INSPECTOR REINSTATEMENT**

**2020 HOME INSPECTOR REINSTATEMENT APPLICATION AND INSTRUCTIONS**

**READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

**NOTE: ADMINISTRATIVE CODE, SECTION 1410.110**

An entity who desires to practice as a home inspector or provide home inspections in the State of Illinois in the form of a corporation, Limited Liability Company or legally formed partnership shall submit to IDFPR: an application, fee, list of all owners and partners and Articles of Incorporation, Articles of Organization or other evidence of legal formation.

1. Complete and print page 2 of this document and MAIL with correct fee to the above address. THIS FORM CANNOT BE SUBMITTED ELECTRONICALLY.

License fee on or before:	<b>11/30/2020</b>	<b>\$400</b>
License fee on or after:	<b>12/01/2020</b>	<b>\$450</b>

**\*You must reinstate your license within two years of the expiration date, or you will have to meet the licensing requirements of a new applicant.**

2. Payment must be in the form of a check or money order and made payable to the Illinois Department of Financial and Professional Regulation. **FEES ARE NON-REFUNDABLE.** After reading the following instructions, if you have any questions call 800/560-6420.
3. Your reinstatement application must be signed. APPLICATIONS NOT SIGNED AND/OR INCOMPLETE WILL BE RETURNED.
4. Please make any name and/or address changes for your license in the area provided. **A P.O. Box must be accompanied by a street address.** CHANGE OF NAME MUST BE ACCOMPANIED BY DOCUMENTARY PROOF. (i.e., certified or photocopy of a marriage certificate, divorce decree, or court order). **A COPY OF YOUR SOCIAL SECURITY CARD OR DRIVERS LICENSE IS NOT ACCEPTABLE.**
5. Licensees are required to complete 12 hours of continuing education (CE). However, if your license was issued between 12/01/2018 and 11/30/2019 you are required to complete 6 hours of CE. One of these CE hours shall be a Sexual Harassment Prevention Training course. [1-hour Sexual Harassment Prevention Training Course](#) If your license was issued on or after 12/01/2019 you are not required to take CE for this reinstatement.

**DO NOT SUBMIT CE DOCUMENTATION WITH THIS REINSTATEMENT. RETAIN ALL ORIGINAL CE CERTIFICATES OF COMPLETION/TRANSCRIPTS. IDFPR WILL CONDUCT A 100% AUDIT TO VERIFY THAT YOU HAVE COMPLETED THE REQUIRED CE.**

PRACTICE AFTER THE EXPIRATION OF THIS LICENSE SHALL CONSTITUTE UNLICENSED PRACTICE WHICH COULD RESULT IN CIVIL/CRIMINAL PENALTIES AND DISCIPLINE OF YOUR LICENSE.

## 2020 HOME INSPECTOR REINSTATEMENT

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

License fee on or before 11/30/20 \$400  
License fee on or after 12/01/20 \$450

CHECK HERE IF CHANGE OF ADDRESS

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

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

ADDRESS LINE 2: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

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### **ALL QUESTIONS MUST BE ANSWERED – Incomplete applications will be returned.**

YES NO

Are you more than 30 days in arrears on court ordered Child Support Payments?

### **CONTINUING EDUCATION REQUIREMENTS- (CHECK ONE ONLY).**

- I HAVE FULLY COMPLIED with the CE requirements for the 2020 reinstatement period. (CE MUST be completed prior to submission of this reinstatement application.) **DO NOT SUBMIT CE DOCUMENTATION WITH THIS APPLICATION.**
- I AM EXEMPT from the CE requirements in accordance with the Home Inspector License Act of 2000.
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I understand that if I provide false/fraudulent information, I could lose my license, be fined or have other penalties assessed. Therefore, I declare that I have examined this form, and to the best of my knowledge, all statements are true, correct, and accurate. In addition, my signature authorizes the Illinois Department of Financial and Professional Regulation to conduct criminal background investigations.

Printed Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Sex M  or F

Disclosure of applicant's Social Security Number is mandatory pursuant to 42 U.S.C. 666(a)(13) and 5 ILCS 100/10-65(c) for use under the State's child support enforcement program.

Telephone Number: \_\_\_\_\_