



**2018 HOME INSPECTOR ENTITY REINSTATEMENT
(CORPORATION/LIMITED LIABILITY COMPANY/PARTNERSHIP)**

**Illinois Department of Financial and Professional Regulation
Division of Real Estate
320 West Washington Street, 3rd Floor
Springfield, IL 62786
800/560-6420**

Important Notice: Completion of this form is necessary to accomplish the requirements outlined in the Illinois Home Inspector License Act (225 ILCS 441) and Administrative Rule (68 Ill. Adm. Code 1410). Disclosure of this information is **REQUIRED**. Failure to comply may result in this form not being processed. This form has been approved by the Agency Forms Coordinator.

Name of Home Inspector Entity:

License Number:

Mailing Address (Street, City, State, Zip Code)

Telephone Number

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INSTRUCTIONS

1. Complete the entire application.
2. Make the check payable to the Illinois Department of Financial and Professional Regulation. **The fee is not refundable.**
License fee on or before: **11/30/2018 \$400.00**
License fee on or after: **12/01/2018 \$450.00**
3. If a name change or an assumed name change is indicated for this entity, amended articles must be submitted.
4. If a name change is indicated for a partnership, a notarized statement must be submitted.
5. If you are currently doing business under an assumed name, d/b/a, you must submit a copy of the assumed name certificate.
6. Send the completed application, fee, and all attachments to the address above. If you have any licensing questions, please contact Real Estate Licensing at 800/560-6420.
7. An authorized representative of this entity must sign this reinstatement application.
8. A licensed entity shall be in good standing and comply with all the requirements of the Secretary of State of Illinois.

Practice after the expiration of this license shall constitute unlicensed practice which may result in civil/criminal penalties and discipline of this license.

I certify that every employee who actively participates as a home inspector for this entity holds a valid Illinois home inspector license.

If your firm/office HAS BEEN DISCIPLINED here or in any other jurisdiction, it MUST be reported to this office if not previously reported. Documentation MUST be submitted with your reinstatement.

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.

Signature of Authorized Representative _____ Date _____

Printed Name _____ FEIN No. _____

Email Address of Authorized Representative: _____