

**ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION**  
**DIVISION OF REAL ESTATE**  
320 WEST WASHINGTON STREET, 3<sup>RD</sup> FLOOR  
SPRINGFIELD, IL 62786  
800/560-6420

**AUCTIONEER REINSTATEMENT**

**2018 AUCTIONEER REINSTATEMENT APPLICATION AND INSTRUCTIONS**

**READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM**

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

		<b>AUCTIONEER</b>
License fee on or before:	<b>12/31/2018</b>	<b>\$450.00</b>
License fee on or after:	<b>01/01/2019</b>	<b>\$500.00</b>

2. Payment must be in the form of a check or money order 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. 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.**
4. If you are sponsored by another auctioneer and you are changing sponsors, your sponsor must complete a 45-day-permit Sponsor Card. **This requires a \$25 fee in addition to the reinstatement fee.**
5. You are required to answer ALL questions on the renewal form.
6. Licensees are required to complete 12 hours of continuing education (CE), of which 6 hours shall be mandatory courses. However, if this is your first auctioneer reinstatement, you are **NOT** required to take CE. Only CE earned between 1/1/2017 and 12/31/2018 satisfies the CE requirement for this renewal period. **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.**
7. You must sign the renewal application. Your managing auctioneer's signature is only required if you are changing your sponsoring/managing auctioneer at this reinstatement.
8. 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.

\*\*\*Check out our WEB SITE [www.idfpr.com](http://www.idfpr.com) –For pertinent information regarding IDFPR updates.\*\*\*

***Practicing as an auctioneer after the expiration of your license shall constitute unlicensed practice which could result in civil penalties and discipline of your license.***

## 2018 AUCTIONEER REINSTATEMENT

LICENSE NO.:	<b>PROFESSION PREFIX AND NAME</b> CHECK ONE
NAME:	<input type="checkbox"/> 440 - EXEMPT AUCTIONEER
ADDRESS:	<input type="checkbox"/> 441 - AUCTIONEER
ADDRESS LINE 2:	
CITY, STATE, ZIP:	
<input type="checkbox"/> CHECK HERE IF CHANGE OF ADDRESS	
SPONSOR LICENSE NO.:	
SPONSOR NAME:	
<input type="checkbox"/> CHECK HERE IF CHANGE OF SPONSOR (Include \$25 fee)	

**ALL QUESTIONS MUST BE ANSWERED**

**CHILD SUPPORT**

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 this reinstatement period. (CE must be taken prior to the submission of this reinstatement application) **DO NOT SUBMIT CE DOCUMENTATION WITH THIS APPLICATION.**
- I AM EXEMPT from the CE requirements in accordance with the Auction License Act.

**CONSENT TO EXAMINE AND AUDIT SPECIAL ACCOUNTS- (Check one only).**

- I maintain special accounts or hold money belonging to others.
- I do not maintain special accounts or hold money belonging to others.

**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

Managing Auctioneer Signature\* \_\_\_\_\_

*\*Required only if changing sponsoring auctioneer on 45-Day Permit Sponsor Card)*

Managing Auctioneer License # \_\_\_\_\_