



# 45-DAY PERMIT SPONSOR CARD

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
Division of Professional Regulation/Real Estate Professions Section  
320 West Washington Street, 3<sup>rd</sup> Floor  
Springfield, Illinois 62786  
Real Estate Licensing 217/782-3414

## 45-DAY PERMIT SPONSOR CARD

- If you will be self-sponsored you must complete the 45-day permit on your own behalf.
- This form is required to be completed in order to apply for licensure as a Salesperson, Broker, or Leasing Agent.
- This form is also required to change your Sponsoring Broker. When changing your Sponsoring Broker, there is a \$25 fee. Payment must be in the form of a check or money order made payable to IDFP.

### EMPLOYEE INFORMATION

(Note: Must be submitted within 24 hours of Issuance)

CURRENT DATE \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

NAME \_\_\_\_\_ SOC SEC NO. \_\_\_\_\_

DBA(if applicable) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, COUNTY, STATE, ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER ( \_ \_ \_ ) \_ \_ - \_ \_ \_ \_ SEX \_\_\_\_\_

BROKER  SALESPERSON  LEASING AGENT

### SPONSOR/FIRM INFORMATION

SPONSOR NAME \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

D/B/A (IF APPLICABLE) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER ( \_ \_ \_ ) \_ \_ - \_ \_ \_ \_

BY \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

### MANAGING BROKER SIGNATURE

Retain two copies, one for the sponsor and one for the employee.  
If you have any questions, please contact our office at 217/782-3414.

Return Original To:  
Illinois Department of Financial and Professional Regulation  
Division of Professional Regulation/Real Estate Professions Section  
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