STATE OF THE STATE

Previous License Issue

Date:

Name:

IL DEPARTMENT OF LABOR

Fair Labor Standards Division 160 North LaSalle St., Suite C-1300 Chicago, IL 60601-3150 Tel # (312) 793-1804 Fax # (312) 814-1210 DOL.PrivateEmployment@illinois.gov

EMPLOYMENT COUNSELLOR RENEWAL APPLICATION

Office Use Only

Check #:
File #:
Date Received:
Verified By:
Expiration Date:
Fee:

County:

The employment counsellor is solely responsible for renewal of his/her license before the present license expires. The license is good for one (1) year from the date of issue. The fee must be paid online. For online payment information, please visit our website page at https://www.illinois.gov/idol/Laws-Rules/FLS/Pages/Private-Employment-Agencies-Act.aspx. If the license has expired, the fee is fifty-dollars (\$50.00) to reinstate.

| Residence Address: | | | | | |
|--|--|-------|--|--------|-----------|
| City: | | | | State: | Zip Code: |
| Telephone #: | | Email | | | |
| | | | | | |
| Name and address of agency by whom you are currently employed: | | | | | |
| Name: | | | | | |
| Address: | | | | | |
| City: | | | | State: | Zip Code: |
| Business Telephone Number: | | | | | |
| | | | | | |
| | | | | | |
| Applicant Signature: | | | | | Date: |