

**ILLINOIS STATE BOARD OF EDUCATION**

Educator and School Development Division  
100 North First Street, E-310  
Springfield, Illinois 62777-0001

**Private Business and Vocational Schools  
SALES REPRESENTATIVE  
ORIGINAL APPLICATION**

(All blanks must be completed - please type or print)

|                      |                              |                          |   |
|----------------------|------------------------------|--------------------------|---|
| <b>ISBE USE ONLY</b> | DATE TO ACCOUNTING           |                          | CHECK NUMBER  |
|                      | ACCT. CODE                   |                          | FEE RECEIVED<br>\$  |
|                      | BOND COVERAGE VERIFIED       | <input type="checkbox"/> | BOND AMOUNT<br>\$   |
|                      | CHARACTER REFERENCE REVIEWED |                          | (1) <input type="checkbox"/> (2) <input type="checkbox"/> |
|                      | DATE VERIFIED                |                          | STAFF SIGNATURE   |

**INSTRUCTIONS:** This form is to be used when making application for original permit to act as a sales representative under "An Act In Relation To The Regulation of Private Business and Vocational Schools," as amended. **An application fee of \$100 must accompany the application. Remittance shall be made by certified check, cashier's check, money order, bank draft, corporate or school checks payable to the Illinois State Board of Education.** This application will not be accepted prior to (1) the approval of the school for which the sales representative will be employed and (2) compliance with the proper sales representative bonding requirements.

|  |       |                       |                                   |   |          |  |                       |  |
|--|-------|-----------------------|-----------------------------------|---|----------|--|-----------------------|--|
| NAME (Last, First, Middle)   |       |                       | NAME OF SCHOOL YOU WILL REPRESENT |   |          | School Code I.D.# (Required)<br>____ - ____ - ____ P |                       |  |
| STREET ADDRESS   |       |                       | STREET ADDRESS                    |   |          | TELEPHONE (Area Code)                                |                       |  |
| CITY   | STATE | ZIP CODE              | CITY                              | STATE   | ZIP CODE | FAX (Area Code)                                      |                       |  |
| SOCIAL SECURITY NUMBER   |       | TELEPHONE (Area Code) |                                   | REQUESTED EFFECTIVE PERMIT DATE   |          |  |                       |  |
| NAME OF SCHOOL PREVIOUSLY REPRESENTED  |       |                       |                                   | SCHOOL ADDRESS (Street, City, State, Zip Code)  |          |  | TELEPHONE (Area Code) |  |
| Have you been a school sales representative before?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____ |       |                       |                                   | Are you more than 30 days delinquent in complying with a child support order? (NOTE: If you are not subject to a child support order, answer "no.")<br><input type="checkbox"/> Yes <input type="checkbox"/> No |          |  |                       |  |

**AFFIDAVIT**

In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

*I hereby make application for a permit to act as a sales representative and certify that the information given above is correct and that I have read, understand, and agree to abide by the Law and Rules and Regulations in relation to Private Business and Vocational Schools.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

|  |  |  |  |
|--|--|--|--|
| <b>(1) CERTIFICATE OF CHARACTER</b><br><b>(Must be completed by responsible person other than relative or school employee)</b><br><i>I certify that I am personally acquainted with the above signed applicant and that to the best of my knowledge, believe he/she is of good moral character. I therefore recommend him/her as being worthy to be certified as a sales representative in Illinois.</i> |  | <b>(2) CERTIFICATE OF CHARACTER</b><br><b>(Must be completed by responsible person other than relative or school employee)</b><br><i>I certify that I am personally acquainted with the above signed applicant and that to the best of my knowledge, believe he/she is of good moral character. I therefore recommend him/her as being worthy to be certified as a sales representative in Illinois.</i> |  |
| NAME   |  | NAME   |  |
| STREET ADDRESS (Street, City, State, Zip Code)   |  | STREET ADDRESS (Street, City, State, Zip Code)   |  |
| TELEPHONE (Area Code)  |  | TELEPHONE (Area Code)  |  |
| DURATION OF ACQUAINTANCE<br>Years _____ Months _____   |  | DURATION OF ACQUAINTANCE<br>Years _____ Months _____   |  |
| <input type="checkbox"/> I am not a relative of applicant  | <input type="checkbox"/> I am not employed by the school | <input type="checkbox"/> I am not a relative of applicant  | <input type="checkbox"/> I am not employed by the school |
| SIGNATURE  |  | SIGNATURE  |  |

**CHIEF MANAGING EMPLOYEE OR DESIGNEE CERTIFICATION**  
(To be filled in by official of school at which applicant will be employed.)

*I certify that \_\_\_\_\_, who makes this application, will be in my employ after certification by the Illinois State Board of Education and have ascertained his/her character reference to be valid and affirm that each sales representative has a minimum of \$2,000 coverage on the sales representative bond. I further certify that the applicant has completed this school's prescribed training and has read and understands 23 Illinois Administrative Code Section 451.420.*

*He/she has visited the principal location of the school on \_\_\_\_\_ Date*

**OUT OF STATE SCHOOLS ONLY:** *He/she has made arrangements to visit the principal location of the school on \_\_\_\_\_ Date (within sixty [60] days of the initial employment). [Rule 451.420k]*

\_\_\_\_\_  
Name of Official Title Date Original Signature of Official