

REAL ESTATE LICENSE APPLICATION

MAINE REAL ESTATE COMMISSION
35 STATE HOUSE STATION
AUGUSTA ME 04333-0035

FOR MREC OFFICE USE ONLY

CHECK NO _____
 AMT _____
 CASH NO _____
 APPRVL DATE _____
 LIC NUMBER _____
 LIC TERM _____

FEE: \$95
NON-REFUNDABLE
(includes criminal records check fee)
 Payable to:
 Maine State Treasurer
 (1421 \$80; 2619 \$15)

LICENSE TYPE: BROKER ASSOCIATE BROKER SALES AGENT
 BR1421 BA1421 SA1421

APPLICANT INFORMATION

FULL LEGAL NAME			FIRST	MIDDLE INITIAL	LAST
DATE OF BIRTH			mm / dd / yyyy		SOCIAL SECURITY NUMBER - -
REGISTERED ADDRESS <i>See instructions. Do NOT enter a Real Estate Agency address here.</i>					
Street or PO Box			City		
County			State & zip		
Phone number			Email address		
HOME/LEGAL ADDRESS <i>See instructions. Do NOT enter a Real Estate Agency address here.</i>					
Street or PO Box			City		
County			State & zip		
Phone number			Email address		

CRIMINAL BACKGROUND DISCLOSURE

Have you ever been convicted by any court of any offense? NO YES

If yes, provide a written statement on a separate sheet of paper than includes the date of the offense and a detailed description of the events surrounding the conviction. Submit your written statement and a copy of the court judgments with this application.

Important note: Failure to disclose convictions may result in fines, suspension and/or revocation of a license.

Has any jurisdiction taken disciplinary action against any professional license you hold or have held or denied your application for licensure? NO YES

If yes, enclose a detailed explanation and copies of disciplinary action.

EDUCATION *complete all that apply. High school diploma or equivalent is required.*

	School name	State	Year	Degree Granted
GED				
HIGH SCHOOL				
COLLEGE				

REAL ESTATE LICENSING HISTORY

Do you now hold OR have you ever held any type of Maine real estate license? NO YES **

Do you now hold OR have you ever held a real estate license in any other state or jurisdiction? NO YES **

** (if yes, include with this application a certificate of good standing from each state or jurisdiction)

** If yes to any question above, complete the following information:	1	2	3	4	5
Type of license held					
Licensing State					
License Expiration Date					
Date Suspended/Revoked					

APPLICANT NAME: _____	<input type="checkbox"/> BROKER	<input type="checkbox"/> ASSOCIATE BROKER	<input type="checkbox"/> SALES AGENT
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AGENCY AFFILIATION AND DESIGNATED BROKER RECOMMENDATION	
AGENCY NAME	
AGENCY LICENSE NUMBER	AGENCY EXPIRATION DATE
DESIGNATED BROKER'S NAME	
DB LICENSE NUMBER	DB EXPIRATION DATE
<i>In compliance with 32 MRSA Chapter 114, §13191, I hereby state that in my opinion the application named above bears a reputation for honesty, truthfulness, fair dealing and competency. I recommend that the applicant be granted a Maine real estate license.</i>	
Signature	Date
<input type="checkbox"/> Check here if you are the Designated Broker's designee, and print name and license number below. <i>Please print name, license number and expiration date here.</i>	

REFERENCE STATEMENT: *By providing my signature below, I hereby swear that I am not related to the applicant and that I have known the applicant for a period of at least one year. I also attest to the applicant's good reputation for honesty, truthfulness, fair dealing and competency and recommend that the license application be granted.*

REFERENCE #1 - FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
Street or PO Box			
City	State & zip		
Phone number	Email address		
Signature	Date		

REFERENCE #2 - FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
Street or PO Box			
City	State & zip		
Phone number	Email address		
Signature	Date		

REFERENCE #3 - FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
Street or PO Box			
City	State & zip		
Phone number	Email address		
Signature	Date		

NOTICE

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reford Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

APPLICANT NAME: _____ BROKER ASSOCIATE BROKER SALES AGENT

CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

Please complete the information below in full. Print legibly in ink.

FULL LEGAL NAME *FIRST* *MIDDLE INITIAL* *LAST*

DATE OF BIRTH *mm / dd / yyyy* SOCIAL SECURITY NUMBER - -

List all other names ever used for any purpose:

APPLICANT'S SIGNATURE

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I understand that the Maine Real Estate Commission will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed including denial, suspension or revocation of my license if this information is found to be false.

SIGNATURE

DATE

CREDIT CARD AUTHORIZATION INFORMATION

Application fee: \$95. If you wish to pay by check, please make payable to "Maine State Treasurer." If you wish to pay by Mastercard or Visa instead, please fill out the following information:

NAME OF CARDHOLDER *FIRST* *MIDDLE INITIAL* *LAST*

BIILLING ADDRESS:

CITY STATE ZIP

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my VISA MASTERCARD the following amount: \$ _____

Card number: *XXXX-XXXX-XXXX-XXXX* Expiration Date *mm / yyyy*

Signature

Date