

**FEE: \$100**

Payable to:  
Maine State Treasurer

40601421

**SALES AGENT  
EXTENSION APPLICATION**

**MAINE REAL ESTATE COMMISSION**

FOR MREC OFFICE USE ONLY

CHECK NO \_\_\_\_\_

AMT \_\_\_\_\_

CASH NO \_\_\_\_\_

APPRVL DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_

ALMS \_\_\_\_\_

**APPLICANT INFORMATION**

|  |                                    |  |
|--|------------------------------------|--|
| FULL LEGAL NAME: <i>FIRST</i> <i>MIDDLE INITIAL</i> <i>LAST</i>            |                                    |  |
| LICENSE NUMBER: <i>Example: BR109999</i>                                   | EXPIRATION DATE: <i>MM/DD/YYYY</i> |  |
| HOME/LEGAL ADDRESS: <i>Do NOT enter a Real Estate Agency address here.</i> |                                    |  |
| Street or PO Box:  | City:                              |  |
| County:  | State & zip:                       |  |
| Phone number:  | Email address:                     |  |

**Agency Affiliation (must be completed)**

|  |   |
|--|---|
| AGENCY NAME:   |   |
| AGENCY LICENSE NUMBER: <i>Example: AC90101011</i>  | AGENCY EXPIRATION DATE: <i>MM/DD/YYYY</i> |
| DESIGNATED BROKER'S NAME:  |   |
| DB LICENSE NUMBER: <i>Example: DB901111</i>  | DB EXPIRATION DATE: <i>MM/DD/YYYY</i>     |
| <b>Reason for Extension</b> — Attach statement of extenuating circumstances as to why the extension is needed (see Commission Rules Chapter 390(7))  |   |
| <b>Associate Broker Course</b> — Attach documentation of enrollment in or a copy of certificate of completion of the associate broker course. ( <i>Keep the original certificate for submission with associate broker license application.</i> ) |   |
| <b>Applicant Signature:</b>  | <b>Date:</b>                              |
| <b>Designated Broker Signature:</b>  | <b>Date:</b>                              |

**PAYMENT OPTIONS:**

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

|   |                                  |  |
|---|----------------------------------|--|
| NAME OF CARDHOLDER (please print) <i>FIRST</i> <i>MIDDLE INITIAL</i> <i>LAST</i>  |                                  |  |
| I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____ |                                  |  |
| Card number: <i>XXXX-XXXX-XXXX-XXXX</i>   | Expiration Date <i>mm / yyyy</i> |  |
| <b>SIGNATURE</b>  | <b>DATE</b>                      |  |

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION

**Office Information:** Mailing Address: 35 State House Station, Augusta, Maine 04333

Courier/Delivery address: 76 Northern Avenue, Gardiner, Maine 04345

Phone: (207) 624-8521 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 Web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)