



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE REAL ESTATE COMMISSION
INDIVIDUAL LICENSE APPLICATION

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME:			
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS:			
CITY:	STATE:	ZIP:	COUNTY:
PHONE # ()	E-MAIL		
DISCIPLINARY ACTION DISCLOSURE			
<i>NOTE: Failure to disclose disciplinary action may result in denial, fines, suspension and/or revocation of a license.</i>			
Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)			
		NO	YES
If yes, enclose a detailed explanation and copies of all documents.			
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 affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE		DATE	

<p>Required Fee: \$121.00 (non-refundable) includes criminal records check fee</p>	<p align="center">Office Use Only:</p> <p align="center">1421 - \$100.00 2619 - \$21.00</p>								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="2">TYPE OF LICENSE REQUESTED (CHECK ONE)</th> </tr> <tr> <td style="width:30%;">SALES AGENT (SA1421)</td> <td>See Instructions on Page 3</td> </tr> <tr> <td>ASSOCIATE BROKER (BA1421)</td> <td>See Instructions on page 3</td> </tr> <tr> <td>BROKER (BR1421)</td> <td>See Instructions on Page 3</td> </tr> </table>		TYPE OF LICENSE REQUESTED (CHECK ONE)		SALES AGENT (SA1421)	See Instructions on Page 3	ASSOCIATE BROKER (BA1421)	See Instructions on page 3	BROKER (BR1421)	See Instructions on Page 3
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Cash # _____	Lic. # _____								
Issue Date _____	Exp. Date _____								

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: \$ _____			
<input type="checkbox"/> I understand that fees are non-refundable			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
SIGNATURE		DATE	

MAINE REAL ESTATE COMMISSION - INDIVIDUAL LICENSE APPLICATION

APPLICANT NAME: _____ BROKER ASSOCIATE BROKER SALES AGENT

ARE YOU A MAINE RESIDENT? NO YES

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
(if yes, describe below)
- Do you now hold OR have you ever held a real estate license in any other state or jurisdiction? NO YES
(if yes, describe below and include a verification of licensure in good standing from each jurisdiction. Verification must indicate whether or not any disciplinary action has been taken.)

	1	2	3	4	5
Type of license held					
Licensing State					
License Expiration Date					
Date Suspended/Revoked					

DESIGNATED BROKER'S AUTHORIZATION OF AGENCY AFFILIATION

AGENCY NAME:

AGENCY LICENSE NUMBER:

AGENCY EXPIRATION DATE:

DESIGNATED BROKER'S NAME:

DB LICENSE NUMBER:

DB EXPIRATION DATE:

In compliance with 32 MRSA Chapter 114, §13191(6), I hereby authorize issuance of the applicant's license under this agency.

DB Signature:

DATE:

Check here if you are the Designated Broker's designee, and print name and license number below.

NAME:

LICENSE NUMBER:

Frequently Asked Questions:

- Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- What hours are you open?** 8:00 AM to 5:00 PM weekdays
- Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- How far back do I go answering the criminal question?** Any conviction, ever.

INSTRUCTIONS REGARDING REAL ESTATE LICENSE TYPES:

Sales Agent	You must apply for licensure within one year of passing the Sales Agent Exam. Include Sales Agent Course Completion Certificate and sales agent exam results.
Associate Broker	<p>You must have been licensed as an Sales Agent affiliated with a real estate brokerage agency for 2 years within the 5 years immediately preceding the date of application submitted to the Commission. You must also complete the Associate Broker Course with a minimum final grade of 75% and include your Associate Broker Course Completion Certificate with this application. The certificate is valid for up to 5 years from the original issue date of the Sales Agent license.</p> <p>Do not submit your application any sooner than 30 days prior to the expiration date of your sales agent license.</p>
Broker	<p>You must have been licensed as an Associate Broker affiliated with a real estate brokerage agency for 2 years within the 5 years immediately preceding the date of application submitted to the Commission. You must also complete the Designated Broker Course with a minimum final grade of 75% and submit the Course Completion Certificate with the application. Must apply for the Broker license within one calendar year of completing the course.</p> <p>If you are applying at the end of the first two years, do not submit your application any sooner than 30 days prior to the expiration date of your Associate Broker license.</p>
Reciprocal Candidate or former licensees	<p>You must apply for a license within one year of passing the Maine Law Examination. Please note that a non-resident sales person license is equivalent to a Maine Associate Broker license.</p> <p>Submit your Maine Law Examination results with this application. You must also include certificates of good standing from any jurisdiction where you hold or have held a real estate license. These certificates must be less than thirty days old upon receipt by the Real Estate Commission.</p>

NOTICES

BACKGROUND 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 Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

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. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). 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.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the disciplinary action disclosure question
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) *or* credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records

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

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
 Phone: (207) 624-8521 TTY users call Maine Relay 711 Fax: (207) 624-8637 www.maine.gov/professionallicensing
 Email: rlestate.com@maine.gov