

**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 \_\_\_\_\_

**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>

**Reason for Extension** — Attach statement of extenuating circumstances as to why the extension is needed (see Commission Rules Chapter 390(7))

**Reminder** — You must successfully complete the Associate Broker Course prior to applying for an associate broker license.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Designated Broker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

NAME: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

**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>
MAILING ADDRESS OF CARDHOLDER (please print)
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** \_\_\_\_\_

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 TTY users call Maine Relay 711 Fax: (207) 624-8637 [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)