



State of Rhode Island  
**Department of Business Regulation**



DIVISION OF COMMERCIAL LICENSING AND REGULATION

**REAL ESTATE SECTION**

1511 PONTIAC AVENUE

JOHN O. PASTORE CENTER-BUILDING 69-1

CRANSTON, RI 02920

(401) 462-9506 FAX (401) 462-9645 www.dbr.state.ri.us

**REAL ESTATE BROKER APPLICATION**

INSTRUCTIONS:

1. APPLICANT MUST PRINT OR TYPE.
2. NO LICENSE WILL BE ISSUED UNTIL ALL QUESTIONS ARE PROPERLY ACKNOWLEDGED.
3. APPLICATION FEE \$10.00 - **NON-REFUNDABLE**  
 MAKE \$10.00 CHECK PAYABLE TO: **RI GENERAL TREASURER**

FOR OFFICE USE ONLY  
 LICENSE NO.

1. NAME OF APPLICANT		2. DATE OF BIRTH	3. AGE	4. LEGAL RESIDENT YES <input type="checkbox"/> NO <input type="checkbox"/>
5. RESIDENTIAL ADDRESS		CITY/TOWN	STATE	ZIP
5A. TELEPHONE NO.:		5B. SOCIAL SECURITY NO.:		
6. AGENCY NAME & ADDRESS		STREET/CITY/TOWN	STATE	ZIP
7. PRESENT OCCUPATION				
8. OCCUPATIONS ENGAGED IN DURING PAST FIVE YEARS				
9. HAVE YOU EVER BEEN REFUSED A LICENSE BY THIS OR ANY OTHER STATE TO ACT AS A REAL ESTATE BROKER OR SALESPERSON? YES <input type="checkbox"/> NO <input type="checkbox"/>				
10. HAS ANY SUCH LICENSE IN ITEM 9 EVER BEEN SUSPENDED OR REVOKED IN THIS OR ANY OTHER STATE? YES <input type="checkbox"/> NO <input type="checkbox"/>				
11. HAS ANY FIRM, COMPANY, CORPORATION OR SOCIETY WITH WHICH YOU ARE OR HAVE BEEN CONNECTED OR ASSOCIATED IN ANY CAPACITY, HAD ANY SUCH LICENSE REFUSED, SUSPENDED OR REVOKED? YES <input type="checkbox"/> NO <input type="checkbox"/>				

12. HAS ANY PARTNER, OFFICER, MEMBER, DIRECTOR, OR STOCKHOLDER OF ITEM 11 HAD A LICENSE REFUSED, REVOKED, OR SUSPENDED? YES  NO

13. HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY OR NOLO CONTENDRE TO FORGERY, TO EMBEZZLEMENT, OBTAINING MONEY UNDER FALSE PRETENSES, BRIBERY, LARCENY, EXTORTION, CONSPIRACY TO DEFRAUD, OR ANY OTHER OFFENSES OF ANY TYPE WHICH WOULD REASONABLY CAUSE THE DEPARTMENT TO QUESTION YOUR HONESTY, TRUSTWORTHINESS, INTEGRITY, GOOD REPUTATION OR COMPETENCY? YES  NO

**EXPLAIN FULLY ALL "YES" ANSWERS TO QUESTIONS 9 – 13 ON A SEPARATE SHEET AND ATTACH.**

14. HAVE YOU READ OR ARE YOU FAMILIAR WITH THE REAL ESTATE LAWS OF THE STATE OF RHODE ISLAND? YES  NO

15. LIST BELOW ALL EDUCATIONAL COURSES ON REAL ESTATE SUCCESSFULLY COMPLETED AS DEFINED IN RHODE ISLAND GENERAL LAWS 5-20.5.19 (AS AMENDED)

16. **NOTE:** LAW REQUIRES RECOMMENDATIONS OF THREE (3) CITIZENS OF THE UNITED STATES WHO HAVE BEEN PROPERTY OWNERS FOR AT LEAST THREE (3) YEARS AND WHO HAVE KNOWN THE APPLICANT FOR AT LEAST THREE (3) YEARS AND ARE NOT RELATED TO THE APPLICANT.

I, **THE UNDERSIGNED**, AM A CITIZEN OF THE UNITED STATES, HAVING OWNED PROPERTY FOR AT LEAST THREE (3) YEARS PRIOR TO THE DATE HEREOF AND HAVE KNOWN THE APPLICANT \_\_\_\_\_ FOR THREE (3) YEARS PRIOR TO HERETO, THAT I AM NOT RELATED TO THE APPLICANT AND THAT THE APPLICANT BEARS A GOOD REPUTATION FOR HONESTY AND TRUSTWORTHINESS RECOMMEND THAT A REAL ESTATE BROKER'S LICENSE BE GRANTED TO THE APPLICANT.

NAME (PRINT) _____	ADDRESS: _____
SIGNATURE: _____	
NAME (PRINT) _____	ADDRESS: _____
SIGNATURE: _____	
NAME (PRINT) _____	ADDRESS: _____
SIGNATURE: _____	

**WAIVER**

I, \_\_\_\_\_, OF \_\_\_\_\_  
(applicant name) (address)  
HAVING A DATE OF BIRTH OF \_\_\_\_\_ AND A SOCIAL SECURITY NUMBER OF \_\_\_\_\_  
AM APPLYING FOR A \_\_\_\_\_

LICENSE WITH THE DEPARTMENT OF BUSINESS REGULATION AND I HEREBY DIRECT AND AUTHORIZE THE BUREAU OF CRIMINAL IDENTIFICATION OF THE DEPARTMENT OF ATTORNEY GENERAL FOR THE STATE OF RHODE ISLAND TO MAKE AVAILABLE TO THE DEPARTMENT OF BUSINESS REGULATION ANY CRIMINAL RECORD OR OTHER DISPOSITION THAT THE BUREAU OF CRIMINAL IDENTIFICATION HAS ON FILE IN REFERENCE TO ME.

I HEREBY WAIVE AND RELEASE ANY AND ALL MANNER OF ACTIONS, CAUSE OF ACTIONS, AND DEMANDS OF EVERY KIND, NATURE AND DESCRIPTION, ARISING FROM ANY RELEASE OF CRIMINAL RECORDS AND REQUESTS THEREFROM, WHATSOEVER AGAINST THE STATE OF RHODE ISLAND, BUREAU OF CRIMINAL IDENTIFICATION, THE ATTORNEY GENERAL, THE EMPLOYEES OF THE ATTORNEY GENERAL'S OFFICE AND OFFICIALS OF THE DEPARTMENT OF BUSINESS REGULATION IN BOTH LAW AND EQUITY WHICH I MAY NOW OR IN THE FUTURE MAY HAVE.

SWORN BEFORE ME ON THIS \_\_\_\_\_ DAY

\_\_\_\_\_  
Signature of applicant

OF \_\_\_\_\_, 2 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**STATEMENT OF LICENSED REAL ESTATE BROKER**

I, **THE UNDERSIGNED** BEING A REAL ESTATE BROKER OF THE STATE OF RHODE ISLAND, CERTIFY THAT THE APPLICANT \_\_\_\_\_ WAS EMPLOYED AS A LICENSED SALESMAN BY MY AGENCY FOR THE FOLLOWING PERIOD:

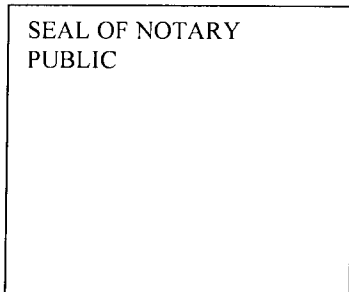
<u>EMPLOYMENT DATES</u>	<u>HOURS PER WEEK</u>	BROKER'S NAME (PRINT) _____	LICENSE NO.
FROM:		SIGNATURE _____	
TO:		ADDRESS _____	
		_____	

**STATEMENT OF LICENSED REAL ESTATE BROKER**

I, **THE UNDERSIGNED** BEING A REAL ESTATE BROKER OF THE STATE OF RHODE ISLAND, CERTIFY THAT THE APPLICANT \_\_\_\_\_ WAS EMPLOYED AS A LICENSED SALESMAN BY MY AGENCY FOR THE FOLLOWING PERIOD:

<u>EMPLOYMENT DATES</u>	<u>HOURS PER WEEK</u>	BROKER'S NAME (PRINT) _____	LICENSE NO.
FROM:		SIGNATURE _____	
TO:		ADDRESS _____	
		_____	

**STATEMENT OF APPLICANT**



*I HEREBY MAKE OATH THAT ALL ANSWERS ARE TRUE,*

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

Subscribed and Sworn at \_\_\_\_\_

BEFORE ME \_\_\_\_\_

Notary Public

DATE \_\_\_\_\_

For Office Use Only

LICENSE GRANTED:

AFTER EXAMINATION

DATE:

RECIPROCITY  ATTORNEY

DATE: