



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation

DIVISION OF COMMERCIAL LICENSING AND

RACING AND ATHLETICS

Real Estate Division

John O. Pastore Center

1511 Pontiac Avenue Bldg. 69-1

Cranston, RI 02920-0942

Tele: (401) 462-9512

Fax: (401) 462-9645

TDD: 711

www.dbr.state.ri.us

**REAL ESTATE BROKER / CORPORATE RENEWAL APPLICATION
2010 LICENSE RENEWAL**

License Period: May 1, 2010 through April 30, 2012

To renew your Real Estate License, in accordance with *RIGL Title 5-20.5 and Commercial Licensing Regulation 11*, please complete the following:

LICENSE RENEWAL FEE: \$170.00

(Licenses Renewed After April 30, 2010, are subject to a \$100.00 Late Fee).

Licensee's Name (PRINT): _____ License #: B _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone #: _____ D.O.B. _____

Your Social Security Number: _____

Real Estate Agency affiliated with: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone #: _____

Name of Principal Broker: _____ License #: _____

Errors and Omissions Insurance Company Name: _____

Expiration Date: _____

Continuing Education Requirements - 24 Hours: Submit Certificates / Verification of the required Continuing Education Courses. Six (6) hours must be CORE courses.

Additional Requirements: Current Criminal History Record and Tax Affidavit Form (See Attached).

I affirm that the information contained herein is true; and that I will faithfully discharge my duties and obligations as a license Real Estate Broker.

_____, 20
Licensee Signature Date

INCOMPLETE RENEWAL APPLICATIONS WILL BE RETURNED



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CRIMINAL HISTORY RECORD SUBMISSION REQUIREMENTS

FOR BROKER AND SALESPERSON APPLICANTS

A Criminal History Record (“CHR”) must be submitted to the Real Estate Section, Department of Business Regulation (“DBR”), Division of Commercial Licensing and Racing and Athletics, with each Real Estate Application. Processing applications is contingent upon the complete disposition, or results of any charges delineated or resolved prior to application submission. See instructions below to learn how to obtain you CHR.

INSTRUCTIONS

Applying in Person: A Criminal History Record may be obtained by visiting the Bureau of Criminal Identification at the Rhode Island Department of Attorney General (“DAG”). To apply for a CHR in this manner, bring a picture-identification, showing your date of birth.

Applying by Mail: To apply by mail, send a notarized copy of a photo ID, showing your date of birth, and a signed/notarized letter, giving permission to the DAG to conduct a background investigation, along with a self-addressed stamped envelope.

The cost for a CHR, whether applying in person or by mail, is five dollars (\$5.00), and is payable by check or money order to the “BCI”. Please allow time for the DAG to process and generate your request. For further questions about this process, you may contact the DAG at the phone number below.

If you reside in another state, supply a CHR from your home state, as well as one from Rhode Island.

Contact Information for the Department of Attorney General:

- 150 South Main Street, Providence, Rhode Island.
- Telephone Number: (401) 274-4400
- Hours of operation are 8:00 a.m. to 4:30 p.m.



TAX PAYER STATUS AFFIDAVIT / IDENTITY VERIFICATION

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by State law (RIGL 5-76) except as noted below.

In order to verify that the State is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Please return this affidavit along with your license application to: Rhode Island Department of Business Regulation, 1511 Pontiac Avenue, Cranston, RI 02920.

Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required State tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the State.
- I am in Federal Bankruptcy. (Case #: _____)
- I am in State Receivership. (Case #: _____)
- I have been discharged from Bankruptcy. (Case #: _____)

Type of Professional License for which you are applying: _____

Full Name: (Please Print or Type) _____ Social Security Number: (or FEIN if appropriate) _____

Signature: _____

Phone Number (including area code): _____

Date: _____