

## Applicants for Licensure as a Salesperson or Real Estate Broker

### Instructions

Enclosed is the application you requested. Your application must be complete or it will be returned.

*Note: Applicant's must have taken and passed the PSI examination prior to applying for a license.*

#### **Applicants Must Submit The Following: (Incomplete applications will be returned)**

- 1) Completed application, pages 1, 2 & 3
- 2) Fee of \$50.00 (made payable to the Secretary of State's Office)
- 3) Submit the "Verification of Employment/Supervision" form, (salesperson applicants only) Page 4
- 4) Submit the "Verification of Experience" form, (broker applicants only) Page 5
- 5) "Verification of Good Standing" form (if applicable) from every state in which you now hold, or have ever held a license, Page 6
- 6) PSI National and State Examination Scores, a copy to be sent with your application. (You must contact PSI for information regarding the exams or to register for the exams, 800-733-9267 or [www.psiexams.com](http://www.psiexams.com).)
- 7) Verification of 40 hour Pre-licensing Course – copy of certificate acceptable
- 8) Non-Resident "Process Agent – Individual Form" (if applicable), Page 7

#### **NOTES:**

All licenses renew on a fixed 24 month schedule: March 31<sup>st</sup> for Brokers, and May 31<sup>st</sup> for Salespersons of the even numbered years. Applicants issued an initial license more than 90 days prior to the renewal date will be required to renew and pay the renewal fee.

If your exam test date is over one (1) year old you must complete the required hours of approved Continuing Education and submit the Certificate(s) of completion with your application. Exams must be retaken if not used within five years.

If you are an **out of state Broker** applying for a Broker license you must be currently licensed and have been licensed for at least two years, including time as a salesperson.

If you will be working for a broker, submit a letter from the broker with whom you will be associated. If you will be operating as a sole proprietor under your own name, a letter is needed stating mailing and physical address. You may have your legal name followed by either the words "Real Estate" or "Broker", **anything other than this must be registered with the Corporations or Tradename Division at (802)828-2386.**

**Real Estate Commission**  
**Vermont Secretary of State - Office of Professional Regulation**  
**National Life Building, North FL 2, Montpelier, VT 05620-3402 - 802-828-3228**  
**E-Mail: [jgriffen@sec.state.vt.us](mailto:jgriffen@sec.state.vt.us) - Web: [www.vtprofessionals.org](http://www.vtprofessionals.org)**

**Application for Licensure**

**Check One:**     Salesperson     Broker

**I am applying on the basis of:**    Examination     Endorsement

**Pre-Licensing Education:**

Salesperson 40 Hours    Broker 40 hours    Sales VT law    Broker VT law

**Course Provider:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

Type or Print. When space is insufficient, attach additional sheets.

Last Name	First Name	MI	Former/Maiden
Mailing Address - Street			
City	State	Zip Code	
Telephone:	Fax:	E-Mail:	

911 Address – (if different than mailing address) - Street		
City	State	Zip Code

Business Name		
Mailing Address - Street		
City	State	Zip Code
Telephone:	Fax:	

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List below every state in which you now hold, or have ever held, a license to practice.			
State	License #	Initial Date Issued	Date Expires(d)

Circle Yes or No. A yes requires a written explanation, and/or other documentation. Since you were originally licensed or since you completed your last renewal application:	
1. Have you been convicted of a crime other than a minor traffic violation? <i>If "yes," explain and attach the court documents, if any.</i>	YES NO
2. Has Vermont, any other state, territory, or other jurisdiction, denied your application for a license, certificate, or registration in any profession or occupation? <i>If the answer is "yes", provide a certified copy of the action.</i>	YES NO
3. Has Vermont, any other state, territory, or other jurisdiction, restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If the answer is "yes", provide a certified copy of the action.</i>	YES NO
4. Have you previously applied for a license in Vermont? If yes, under what name _____	YES NO

Circle Yes or No. A yes requires a written explanation, and/or other documentation. Answers to these Questions are not subject to public disclosure.	
1. Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice with reasonable skill and safety? <i>If yes, provide a physician's statement or medical confirmation of the disability.</i>	YES NO
2. Does your use of alcohol, drugs, or medications in any way impair or limit your ability to practice with reasonable skill and safety?" <i>If yes, please explain in detail.</i>	YES NO

Statement of Applicant	
<p>I hereby certify that all information I have provided in this application is true and accurate to the best of my knowledge. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure/certification/registration or further disciplinary sanction.</p>	
Signature:	Date:

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<b>Applicant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions</b> Pursuant to 15 V.S.A. § 795, 32 V.S.A. § 3133, and 21 V.S.A. § 1378 you are required to answer the following:	
<b>Child Support</b>	<b>You must check one of the statements below regarding child support: As of the date of this renewal application:</b>
	<b>This does not apply to me, because I do not have any children; OR</b>
	<b>I do not owe any child support, or I do owe child support, but am under a plan with the Office of Child Support to pay all child support due; OR</b>
	<b>I am behind in my child support, and I request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an Application for Hardship</b>

<b>Taxes</b>	<b>You must check one of the two statements below regarding taxes. As of the date of this renewal application:</b>
	<b>All tax returns have been filed, and I do not owe any taxes, or I owe taxes but am under a plan with the Department of Taxes to pay all taxes due or they are under appeal; OR</b>
	<b>I am behind in my tax payments, and I request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an Application for Hardship.</b>

<b>Unemployment Compensation</b>	<b>You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contributions. As of the date of this renewal application:</b>
	<b>This does not apply to me, because I am not now, nor have I ever been, an employer; OR</b>
	<b>I do not owe any unemployment compensation, or I owe unemployment compensation but am under plan with the Unemployment Division to pay any and all unemployment compensation due; OR</b>
	<b>I am behind in my unemployment compensation payments, and I request that the licensing authority determine that immediate payment would impose an unreasonable hardship. Please forward an Application for Hardship.</b>

<b>Social Security #</b>	<b>Date of Birth</b>
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\* The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Departments of Taxes, Child Support and Employment and Training in the administration of Vermont law, to identify individuals affected by such laws. Your Social Security Number Is Not Subject to Disclosure as Part of a Public Records Request.

<b>Statement of Applicant</b>	
I hereby certify that all information I have provided in this application is true and accurate to the best of my knowledge. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure/certification/registration.	
Signature of Applicant	Date

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## Verification of Salespersons Employment/Supervision

**Applicant:** Complete the applicant section of this form and have your Principal Broker complete this page.

Last Name	First Name	MI	Former/Maiden
Mailing Address - Street			
City	State	Zip Code	
Telephone:	Fax:	E-Mail:	

Company Name		
Mailing Address - Street		
City	State	Zip Code
Telephone:	Fax:	
Name of Principal Broker or Broker in Charge	License #:	
Name of Office or Branch Office	License #:	

### Statement of Principal Broker

<b>The above named applicant is or will be associated with this agency on: _____</b>	
_____ Signature of Broker/Broker in Charge	_____ Date

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### Verification of Experience

Last Name	First Name	MI	Former/Maiden

**Information Below To Be Completed by the Principal Broker:**

<b>Company Name</b>				
<b>Mailing Address - Street</b>				
<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>Telephone:</b>		<b>Fax:</b>		
<b>Name of Principal Broker</b>			<b>License #:</b>	
<b>The above named applicant was under my supervision</b>	<b>From (mo/day/yr)</b>		<b>To (mo/day/yr)</b>	
<b>Transactions Completed</b>				
<b>Date of Sale</b>	<b>Name of Seller</b>	<b>Name of Buyer</b>	<b>Listing Agent</b>	<b>Selling Agent</b>

### Statement of Principal Broker

<b>I hereby certify that the information in this document is true and accurate.</b>	
_____ Signature of Broker	_____ Date

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**Verification of Licensure/Certification/Registration**

**Applicant:** Complete the applicant section of this form and have every state in which you now hold or have ever held a license/certification to practice complete this page.

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Former/Maiden</b>
<b>Mailing Address - Street</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
I hereby authorize the Licensing Agency to furnish to the Vermont Office of Professional Regulation the information requested below.			
<b>Signature</b>		<b>Date</b>	

**Information Below To Be Completed by the Licensing Agency:**

<b>This is to certify that the above named individual was issued:</b>					
<b>License #</b>		<b>Licensed as a:</b>			
<b>Date Issued</b>		<b>Date Expired(s)</b>			
<b>Licensed By:</b>	<b>Examination</b>	<b>License Status</b>	<b>Active</b>		
	<b>Endorsement/Reciprocity</b>		<b>Inactive</b>		
	<b>Waiver</b>		<b>Lapsed</b>		
Has this license ever been encumbered in any way (revoked, suspended, limited, surrendered, restricted, placed on probation)? ( ) Yes ( ) No <i>If yes, attach a copy of the decision.</i>					YES NO
<b>Signature of person completing form:</b>					
<b>State Completing this form:</b>					
<b>Full Address:</b>					
<b>Phone Number:</b>			<b>Fax Number:</b>		