

1. Do you understand the duties and obligations of a principal broker? _____ YES _____ NO
2. DO YOU HOLD A REAL ESTATE LICENSE IN ANY OTHER STATE? _____ YES _____ NO If "YES", IN WHAT CAPACITY? LIST OTHER STATES ON A SEPARATE SHEET OF PAPER AND ATTACH IF MORE SPACE IS NEEDED.

LICENSE NO. _____ STATE _____ TYPE OF LICENSE _____ EXPIRATION DATE _____

LICENSE NO. _____ STATE _____ TYPE OF LICENSE _____ EXPIRATION DATE _____

**CONDUCT
SINCE ISSUANCE OF YOUR LAST ORIGINAL LICENSE OR LAST RENEWAL:**

1. Have you ever been convicted of a felony or misdemeanor in any State or Federal Court? _____ Yes _____ No If you answered "YES", please provide a True Test Copy of your record AND a signed letter from the broker indicating you have made him/her aware of your record.
2. Have you ever had a real estate license denied, suspended or revoked or subjected to a disciplinary action in Maryland or any other state? including the District of Columbia? _____ Yes _____ No If you answered "YES", give details in a separate statement and attach hereto.

CERTIFICATION REQUIRED – Business and Professions Article, Section 1-203

1. I do hereby affirm under penalty of perjury that I am in compliance with the Worker's Compensation Law (Article 101, Section 1 through 102, Annotated Code of Maryland) in that:
- () (a) I am not an employer required to provide employee coverage by the Workers' Compensation Law; or
- () (b) I am an employer required to provide employee coverage by the Workers' Compensation Law and have secured such coverage. As evidence of such coverage, the following is submitted:
- Name of Insurance Company _____ Policy/Binder No. _____

2. () I do not operate a business that would require me to pay taxes and unemployment contributions to the Comptroller or the Department of Labor, Licensing and Regulation.
- () I certify that I do operate a business and that I have paid all undisputed taxes and unemployment insurance contributions payable to the Comptroller or the Department of Labor, Licensing and Regulation or have provided for payment in a manner satisfactory to the unit responsible for collection.

I HEREBY CERTIFY, UNDER PENALTY OF LAW, THAT THE INFORMATION HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AUTHORIZE RELEASE OF ANY INFORMATION IN THIS APPLICATION TO AN AUTHORIZED REPRESENTATIVE OF DLLR FOR FURTHER INVESTIGATION.

SIGNATURE OF APPLICANT	DATE OF BIRTH	BIRTH PLACE (CITY-STATE)	SOCIAL SECURITY NUMBER
HOME ADDRESS OF APPLICANT	NUMBER & STREET	TELEPHONE NUMBER	
CITY	COUNTY	STATE	ZIP CODE
DATE OF APPLICATION	PRIVATE EMAIL ADDRESS (REQUIRED)	PUBLIC EMAIL ADDRESS	

BEFORE MAILING:

- * REVIEW YOUR APPLICATION. **INCOMPLETE APPLICATIONS WILL BE RETURNED.**
- * Confirm that you have a letter of no conflict on company letterhead from both (all) broker for which you hold a salesperson or associate broker license, IF APPLICABLE.
- * Confirm the correct fee is attached.
- * Attached a credit report not more than one year old that searches public records.
- * Attached a **complete** franchise agreement, if applicable.
- * If applicable, please submit Articles of Incorporation/Organization and trade name registration **APPROVED** by the **Maryland** Department of Assessment & Taxation (410-767-1340).
- * If you are operating as a sole proprietor and will not be registering your company name, please enclose a statement to that effect. Also provide how you want your name to read on your license and the address of your company. Please indicate if business is a **sole proprietorship**.
- * If taking over an existing company, a letter from the CURRENT broker stating he/she is stepping down must be included. If current broker is downgrading their license, please call our office to have the appropriate application faxed to you first. All applications and payments **MUST** be received together for proper processing.