



STATE OF MARYLAND  
 DEPARTMENT OF LABOR  
 DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING  
 REAL ESTATE COMMISSION OF MARYLAND  
 1100 N. EUTAW STREET, ROOM 121 BALTIMORE, MD 21201  
 MREC e-mail [d1mrec-dllr@maryland.gov](mailto:d1mrec-dllr@maryland.gov) <http://www.labor.maryland.gov/license/mrec/>  
 (410) 230-6200 /TTY users call Maryland Relay Service 1-800-735-2258

**DO NOT WRITE IN THIS SPACE**

Date Rec'd \_\_\_\_\_  
 Lic. Reg. Cert No \_\_\_\_\_  
 Certified By \_\_\_\_\_  
 License Fee \_\_\_\_\_  
 Guaranty Fund Fee \_\_\_\_\_  
 Total Fee \$ \_\_\_\_\_  
 CK ( ) MO ( )

**FEE MUST BE REMITTED BY CHECK OR MONEY ORDER ONLY  
 MADE PAYABLE TO MARYLAND REAL ESTATE COMMISSION  
 DO NOT SEND CASH OR CREDIT CARD INFO**

CURRENT LICENSE #(S)  
 \_\_\_\_\_  
 \_\_\_\_\_

**MARYLAND APPLICATION FOR AN  
 ADDITIONAL ASSOCIATE BROKER'S LICENSE**

I hereby make application for registration for a second or additional Real Estate Associate Broker license under the provisions of the Annotated Code of Maryland, Business Occupations and Professions, Title 17, Sections 17-101 thru 17-702, with which I am familiar. Further I hereby certify that I have read and understand the Law including the Code of Ethics and will abide by and comply with the same.

**ASSOCIATE BROKER LICENSING FEE FOR ADDITIONAL  
 LICENSE**

Biennial \$110.00  
**(add \$20.00 Guaranty Fee if never held a license in this category)**

Name (Please print in full) \_\_\_\_\_  
 FIRST MIDDLE LAST

Broker's Personal Name \_\_\_\_\_  
 FIRST MIDDLE LAST

Trade Name \_\_\_\_\_  
 (COMPANY AFFILIATING WITH)

Main Office Address \_\_\_\_\_  
 STREET OR RURAL ROUTE

CITY COUNTY STATE ZIP CODE TELEPHONE/FAX NUMBER

1. A. State character of any business in which you have been engaged or employed in during the past five (5) years:

<u>Character of Business</u>	<u>From - To</u>	<u>City</u>	<u>Location</u>	<u>State</u>

B. Give name and address of past brokers you have been affiliated with – or if you were engaged in real estate business for yourself under any firm or corporation name, give all such names and addresses.

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

**COMPLETE REVERSE SIDE**

