



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 <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 BROKER LICENSE**

I hereby make application for registration for a second or additional Real Estate 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.

LICENSING FEE FOR ADDITIONAL BROKER LICENSE
 Biennial \$170.00
 (add \$20.00 Guaranty Fee if never held a license in this category)

Name (Please print in full) _____
 FIRST MIDDLE LAST

Trade Name _____
 (COMPANY AFFILIATING WITH)

Main Office Address _____
 STREET OR RURAL ROUTE (ADDRESS CAN NOT BE THE SAME AS YOUR OTHER COMPANY(S))

CITY COUNTY STATE ZIP CODE TELEPHONE/FAX NUMBER

My/our ESCROW ACCOUNT NUMBER/s _____

Name of BANK/S _____ Branch Office _____

Escrow signature (s) as appears on Maryland bank registration card:

A. _____ B. _____
 BROKER'S SIGNATURE DESIGNATED ALTERNATE'S SIGNATURE / LICENSEE #

I/we hereby authorize the above BANK/s to allow, at any time a representative of the Real Estate Commission of Maryland to examine and to audit the aforementioned ESCROW ACCOUNT/s.

Please list the names of all members or officers having ownership interest in the above company and whether or not each is licensed in Maryland. Use additional sheets of paper, if necessary. Percentages MUST equal 100%.

<u>NAME</u>	<u>TITLE</u>	<u>LIC'D YES/NO</u>	<u>TYPE OF LICENSE</u>	<u>SOLE PROPRIETORSHIP YES/NO</u>	<u>% OF INTEREST</u>

COMPLETE REVERSE SIDE

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 _____

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**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

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 _____ PLACE OF BIRTH (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**
- * ADDRESS CAN NOT BE THE SAME AS YOUR OTHER COMPANY(S) ADDRESS
- * Confirm that you have a letter of no conflict from both (all) broker for which you hold a salesperson or associate broker license.
- * 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.
- * 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.
- *Please indicate if the business is a sole proprietorship.