



STATE OF MARYLAND
 DEPARTMENT OF LABOR
 DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
 REAL ESTATE COMMISSION OF MARYLAND
 1100 N. EUTAW STREET, ROOM 121 FLOOR 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**

**MARYLAND APPLICATION FOR AN
 ADDITIONAL SALESPERSON LICENSE**

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

CURRENT LICENSE #(S)

**ADDITIONAL SALES LICENSING
 FEE**
 Biennial \$ 70.00

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) Do you understand the duties and obligations of an agent to his principal broker? ____ YES ____ NO
- 2) Do you own directly or indirectly or in combination with other associate brokers or salespersons more than 50% of a real estate business?
 ____ Yes ____ No If you answered Yes, attach a separate sheet with the names of all individuals with interest in the business, the type of license each holds, who they are affiliated with, and the percent of ownership in the company corporation.
- 3) Do you hold a real estate license in any other state? ____ YES ____ NO If "YES", in what capacity? List other states on separate sheet of paper and attach if more space is needed.

LICENSE NO.	STATE	LICENSE TYPE	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 by 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.

COMPLETE REVERSE SIDE

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 BIRTH	PLACE OF BIRTH (CITY AND STATE)	SOCIAL SECURITY NUMBER
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HOME ADDRESS OF APPLICANT	NUMBER & STREET	TELEPHONE NUMBER
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CITY	COUNTY	STATE	ZIP CODE
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DATE OF APPLICATION	PUBLIC EMAIL ADDRESS (REQUIRED)	PRIVATE EMAIL ADDRESS (REQUIRED)
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NOTICE TO BROKER: IT IS YOUR RESPONSIBILITY TO BE CERTAIN THAT YOUR FULL NAME, TRADE NAME, ADDRESS (INCLUDING BRANCH OFFICE NUMBER) ARE STATED CORRECTLY ON THE APPLICATION.

I HEREBY CERTIFY THAT APPLICANT WILL BE LICENSED THROUGH THE UNDERSIGNED BROKER:

SIGNATURE OF BROKER ONLY	DATE
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BROKER'S LICENSE REG. CERT. NO. _____

BRANCH OFFICE SUFFIX NUMBER (IF APPLICABLE) _____

BEFORE MAILING:

- * REVIEW YOUR APPLICATION. **INCOMPLETE APPLICATIONS WILL BE RETURNED.**
- * CONFIRM THAT THE CORRECT FEE IS ATTACHED.
- * ATTACH A LETTER OF NO CONFLICT FROM BOTH (ALL) BROKERS WITH WHOM YOU HOLD A LICENSE ON COMPANY LETTERHEAD.