



STATE OF MARYLAND
DEPARTMENT OF LABOR, LICENSING AND REGULATION
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
REAL ESTATE COMMISSION OF MARYLAND
1100 EUTAW STREET, ROOM 121 BALTIMORE, MD 21201
MREC e-mail dlimrec-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 ORIGINAL ASSOCIATE BROKER'S LICENSE

I hereby make application for registration for an **ORIGINAL** 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.

Are you upgrading or downgrading a current license? Check ONE
 _____ **UPGRADE** _____ **DOWNGRADE**
Of what license number? _____

FEES	
Biennial	\$110.00 (fee for every original license if not
Guaranty Fee	\$ 20.00 previously paid in this category)
TOTAL	\$130.00 (OR) \$110.00

Name (Please print in full) _____
 FIRST MIDDLE LAST

Broker's Personal Name _____
 FIRST MIDDLE LAST

Trade Name _____

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

2. Do you understand the duties and obligations of an agent to his principal broker? ____ YES ____ NO

3. Do you own directly or indirectly or in combination with other associate brokers or salesperson 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.

4. 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 _____ EXPIRATION DATE _____

LICENSE NO. _____ STATE _____ EXPIRATION DATE _____

LICENSE NO. _____ STATE _____ 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.

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

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

BROKER'S LICENSE REGISTRATION CERTIFICATE NO. _____

BRANCH OFFICE NUMBER (IF APPLICABLE) _____

BEFORE MAILING:

* REVIEW YOUR APPLICATION. **INCOMPLETE APPLICATIONS WILL BE RETURNED**

* CONFIRM THAT THE CORRECT FEE IS ATTACHED.

Please read §17-515 below and place a check in the box with your initials acknowledging you have read and understand the irrevocable consent agreement. _____

§17-515.

(a) If any of the following acts are performed by a nonresident real estate broker, nonresident associate real estate broker, or nonresident real estate salesperson, the act shall constitute an irrevocable consent, as provided in subsection (b) of this section:

- (1) participating in any real estate transaction in the State; or
- (2) dividing fees or holding deposits from any real estate transaction in

the State.

(b) A consent arising under this section shall have the same effect and be subject to the same procedures for service of process as a consent submitted under § 17-514 of this subtitle.