

MONTANA BOARD OF REALTY REGULATION
301 SOUTH PARK AVENUE, 4TH FLOOR
PO BOX 200513
HELENA MT 59620-0513
PHONE: 406-841-2202 FAX: 406-841-2323
EMAIL: DLIBSDLicensingUnitB@mt.gov WEBSITE: www.realestate.mt.gov

PROCEDURES FOR EQUIVALENCY APPLICATIONS

Any application requiring review by the Board of Realty Regulation must be complete (all documents and required information received by the Board) no later than 15 working days prior to the Board's next meeting. Please visit www.realestate.mt.gov for information on exact board meeting dates.

COMPLETE THIS APPLICATION ONLINE AT WWW.EBIZ.MT.GOV/POL

APPLICATION FEE: \$87.50

WAIVER REQUIREMENTS:

- A Montana salesperson who has been licensed for the preceding 18 months may apply for a determination that the applicant possesses experience equivalent to that required for broker licensing.
- Applications for determination of equivalent experience shall be made on forms approved by the board.

PROCESSING PROCEDURES:

- If an equivalency determination is granted, upon completion of all of the requirements for licensure, an application for a Real Estate Broker license must be submitted with all fees and supporting documentation before a license will be issued.

**** FAXED OR E-MAILED APPLICATIONS WILL NOT BE PROCESSED AS ORIGINAL SIGNATURE REQUIRED. E-check and Credit Card Information cannot be used as payment if completing a paper copy. Please go to www.ebiz.mt.gov/pol to complete an online application and use a credit card or e-check.****

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EMAIL: DLIBSDLicensingUnitB@mt.gov **WEBSITE:** www.realestate.mt.gov

APPLICATION FOR AN EQUIVALENCY DETERMINATION

APPLICATION FEE: \$87.50

****FAXED APPLICATIONS WILL NOT BE PROCESSED AS ORIGINAL SIGNATURE REQUIRED****

Application is hereby made for an equivalency determination relative to the experience required of Section 37-51-302(2)C) MCA and 24.210.615 ARM.

NAME: _____

ADDRESS: _____

Street/P.O. Box

TELEPHONE: _____

Business

Home

Fax

THE BOARD'S PRIMARY METHOD OF COMMUNICATION WITH LICENSEES IS EMAIL.

PREFERRED EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

SUPERVISING BROKER: _____

BUSINESS ADDRESS: _____

Street/P.O. Box

DISCIPLINARY QUESTIONS:

Please read carefully & answer questions completely and truthfully, it may affect your licensure.

Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. Yes No

Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. Yes No

Do you have any criminal charges pending or have you ever pled guilty, forfeited bond, or been convicted of a crime (whether or not sentence was suspended or deferred), or have you pled no contest or had prosecution deferred whether or not an appeal is pending? If yes, attach a detailed explanation and documentation from the source. You must report but may omit documentation for: (1) misdemeanor traffic violations resulting in fines of less than \$100; and (2) charges or convictions prior to your 18th birthday unless you were tried as an adult. Yes No

Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. Yes No

Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. Yes No

Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source. Yes No

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana licensing program.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

I hereby declare that if a Montana Real Estate Broker's license is issued to me, I agree to conduct my Montana real estate business in accordance with the laws of Montana and the rules of the Board of Realty Regulation.

I have read and understand the trust account and document retention requirements for a broker's license and agree I am in compliance with the requirements.

LICENSEE SIGNATURE

Date

TRANSACTIONS: RESIDENTIAL – 1 Point - The following must be provided by the Supervising Broker. Make copies of this form as needed. Please refer to ARM 24.210.611, for additional clarification of qualifications to obtain a broker license.

- **TRANSACTIONS MUST HAVE CLOSED WITHIN THE PAST THIRTY-SIX (36) MONTHS**
- **LICENSEE MUST HAVE OBTAINED AND WORKED WITH THE BUYER OR SELLER OR BOTH (COUNTS AS TWO TRANSACTIONS, IF BOTH)**
- **CO-LISTINGS AND TEAM TRANSACTIONS ARE GIVEN PRORATED CREDIT BASED ON THE NUMBER OF TEAM MEMBERS – MUST SPECIFY NUMBER OF TEAM MEMBERS**
- **TRANSACTIONS OF THE APPLICANT AS AN EMPLOYEE, TRANSACTIONS IN WHICH THE APPLICANT IS A PRINCIPAL, AND MORTGAGE BROKER ACTIVITIES CAN NOT BE USED TO QUALIFY FOR A BROKER LICENSE**
- **A MAXIMUM OF FIVE (5) RESIDENTIAL LEASES ARE ELIGIBLE TO BE COUNTED AS CLOSED TRANSACTIONS**
- **FORM MUST BE COMPLETE AND BE TYPED OR PRINTED AND LEGIBLE**
- **IF MULTIPLE TRANSACTIONS FOR THE SAME SELLER OR BUYER, PLEASE EXPLAIN AND INDICATE ANY OWNERSHIP INTEREST OF APPLICANT**

| 1. BUYERS NAME 2. SELLERS NAME | # OF TEAM MEMBERS | PROPERTY ADDRESS | 1.COMPANY/AGENT FOR BUYER 2.COMPANY/AGENT FOR SELLER | CLOSING DATE |
|-----------------------------------|-------------------|------------------|---------------------------------------------------------|--------------|
| 1. | | | 1. | |
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Broker Signature: _____ **Date:** _____

TRANSACTIONS: COMMERCIAL/AGRICULTURAL/FARM & RANCH – 3 Points - The following must be provided by the Supervising Broker. Make copies of this form as needed. Please refer to ARM 24.210.611, for additional clarification of qualifications to obtain a broker license.

- **TRANSACTIONS MUST HAVE CLOSED WITHIN THE PAST THIRTY-SIX (36) MONTHS**
- **LICENSEE MUST HAVE OBTAINED AND WORKED WITH THE BUYER OR SELLER OR BOTH (COUNTS AS TWO TRANSACTIONS, IF BOTH)**
- **CO-LISTINGS AND TEAM TRANSACTIONS ARE GIVEN PRORATED CREDIT BASED ON THE NUMBER OF TEAM MEMBERS – MUST SPECIFY NUMBER OF TEAM MEMBERS**
- **A MAXIMUM OF FIVE (5) COMMERCIAL LEASES ARE ELIGIBLE TO BE COUNTED AS CLOSED TRANSACTIONS**
- **AGRICULTURAL/FARM & RANCH MUST BE A MINIMUM OF 30 ACRES TO QUALIFY**
- **TRANSACTIONS OF THE APPLICANT AS AN EMPLOYEE, TRANSACTIONS IN WHICH THE APPLICANT IS A PRINCIPAL, AND MORTGAGE BROKER ACTIVITIES CAN NOT BE USED TO QUALIFY FOR A BROKER LICENSE**
- **FORM MUST BE COMPLETE AND BE TYPED OR PRINTED AND LEGIBLE**
- **IF MULTIPLE TRANSACTIONS FOR THE SAME SELLER OR BUYER, PLEASE EXPLAIN AND INDICATE ANY OWNERSHIP INTEREST OF APPLICANT**

| 1. BUYERS NAME 2. SELLERS NAME | PROPERTY ADDRESS | 1. SELLING AGENT 2. LISTING AGENT | # OF TEAM MEMBERS | CLOSING COMPANY | CLOSING DATE |
|-----------------------------------|------------------|--------------------------------------|-------------------|-----------------|--------------|
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Broker Signature: _____ **Date:** _____

TRANSACTIONS: VACANT LAND – The following must be provided by the Supervising Broker. Make copies of this form as needed. Please refer to ARM 24.210.611, for additional clarification of qualifications to obtain a broker license.

- **TRANSACTIONS MUST HAVE CLOSED WITHIN THE PAST THIRTY-SIX (36) MONTHS**
- **LICENSEE MUST HAVE OBTAINED AND WORKED WITH THE BUYER OR SELLER OR BOTH (COUNTS AS TWO TRANSACTIONS, IF BOTH)**
- **CO-LISTINGS AND TEAM TRANSACTIONS ARE GIVEN PRORATED CREDIT BASED ON THE NUMBER OF TEAM MEMBERS – MUST SPECIFY NUMBER OF TEAM MEMBERS**
- **TRANSACTIONS OF THE APPLICANT AS AN EMPLOYEE, TRANSACTIONS IN WHICH THE APPLICANT IS A PRINCIPAL, AND MORTGAGE BROKER ACTIVITIES CAN NOT BE USED TO QUALIFY FOR A BROKER LICENSE**
- **FORM MUST BE COMPLETE AND BE TYPED OR PRINTED AND LEGIBLE**
- **IF MULTIPLE TRANSACTIONS FOR THE SAME SELLER OR BUYER, PLEASE EXPLAIN AND INDICATE ANY OWNERSHIP INTEREST OF APPLICANT**

| 1. BUYERS NAME 2. SELLERS NAME | PROPERTY ADDRESS | 1. SELLING AGENT 2. LISTING AGENT | # OF TEAM MEMBERS | CLOSING COMPANY | CLOSING DATE |
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Broker Signature: _____ **Date:** _____

EDUCATION POINTS: Must provide copy of diploma, transcripts or course completion certificates

- **THREE POINTS FOR AN ASSOCIATE DEGREE IN REAL ESTATE;**
- **THREE POINTS FOR CERTIFIED COMMERCIAL INVESTMENT MEMBER (CCIM) OR COUNCIL OF REAL ESTATE BROKER MANAGERS (CRB);**
- **FIVE POINTS FOR A BACHELOR DEGREE OR HIGHER IN BUSINESS MANAGEMENT;**
- **FIVE POINTS FOR A BACHELOR DEGREE OR HIGHER IN REAL ESTATE.**
- **FIVE POINTS FOR A LAW DEGREE.**

| SCHOOL | LOCATION | DEGREE / GRADUATION / COMPLETION | DATE | POINTS (for office use) |
|--------|----------|----------------------------------|------|----------------------------|
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Applicant Signature: _____ Date: _____

SUPERVISION POINTS (CONTINUED)

3. One point for every five transactions supervised in the last 36 months, maximum of 15 points.

| TRANSACTION- | 1.BUYER 2.SELLER | LICENSE # OF SUPERVISED AGENT | DATED CLOSED | POINTS (FOR OFFICE USE) |
|--------------|---------------------|-------------------------------|--------------|-------------------------|
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Applicant Signature: _____ Date: _____

