

**MONTANA BOARD OF REALTY REGULATION
301 SOUTH PARK AVENUE, 4TH FLOOR
PO BOX 200513**

HELENA MT 59620-0513

PHONE: 406-841-2202

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

APPLICATION PROCEDURES FOR REAL ESTATE BROKER LICENSE

Complete this application online at www.ebiz.mt.gov/pol

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.

LICENSING REQUIREMENTS:

- Must be at least 18 years of age.
- Must provide evidence of graduation from an accredited high school or equivalent.
- Must have passed the Montana Real Estate Broker Examination within the last 12 months.
- Must have a minimum of two (2) years' experience as a licensed salesperson.
- Must have completed the requirements as written in [Administrative Rules of Montana \(ARM\) 24.210.611\(9\)\(b\)](#).

FEES FOR LICENSURE (Check each that apply)

- \$210.00 (includes \$35.00 Recovery Fee)

Make check or money order payable to the Montana Board of Realty Regulation

DO NOT SEND CASH

APPLICATION PROCEDURES AND SUPPORTING DOCUMENTS: The following information and/or documentation is required. **A license will not be issued until all materials are received and approved.**

1. Completed application form and fees.
2. Completed activity sheet(s). The activity sheets supplied by the board must be used. Additional copies can be made as needed. No other form or computer printout will be accepted.
3. A copy of a high school diploma, transcript, G.E.D. certificate, or college diploma or transcript or military discharge papers.
4. Proof of 60 hours of approved real estate broker pre-licensing education taken within the last 18 months. Submit a copy of the completion certificate.
5. Proof of passing the AMP Broker exam. Submit copy of exam results taken within the last 12 months.
6. A license history from any licensing jurisdiction in which a current real estate license is or has been previously issued.
7. Documentation for proof of age. (Examples: driver's license, passport, birth certificate, etc.)

****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.****

PROFESSIONAL LICENSES: List all professional licenses you hold or ever have held. License verification must be sent directly to Montana from each state/province/territory.

State	License #	License Type	Issue Date	Expiration Date	License Method	Requested State Verification	
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No

DISCIPLINARY QUESTIONS:

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

1. 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

2. 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

3. 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

4. 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

5. 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

6. 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

7. 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

8. 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
9. 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

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.	
2.			2.	
1.			1.	
2.			2.	
1.			1.	
2.			2.	
1.			1.	
2.			2.	
1.			1.	
2.			2.	
1.			1.	
2.			2.	

Broker Signature: _____ **Date:** _____

Broker Signature: _____ **Date:** _____

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)

Applicant Signature: _____ Date: _____

SUPERVISION POINTS: Points are obtained through supervision of real estate activity for any broker who has supervised real estate activity a minimum of 36 months:

1. One point for each year of real estate brokerage supervisory experience, maximum of three points;

DATE	LOCATION / JURISDICTION	POINTS (FOR OFFICE USE)

2. One point for each licensed real estate full time equivalent (FTE) supervised within the last 36 months, maximum of ten points;

LICENSE # OF SUPERVISED AGENT	DATES SUPERVISED	LOCATION	POINTS (FOR OFFICE USE)

1.			
2.			

Applicant Signature: _____ Date: _____

