

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 SALESPERSON LICENSE

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.

FOR APPLICATIONS NOT REQUIRING BOARD REVIEW, PLEASE ALLOW 10 TO 14 WORKING DAYS FOR PROCESSING AFTER RECEIPT OF ALL REQUIRED DOCUMENTATION

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

LICENSING REQUIREMENTS:

- Must be at least 18 years of age
- Must provide evidence of completion of 10th grade from an accredited high school or equivalent
- Must have completed 60 hours of pre-licensing instruction within the last 24 months from a school and instructor approved by the Board.
- Must have passed the Montana Salesperson Real Estate Exam within the last 12 months.
- Your supervising broker must have the supervising broker endorsement.

FEE FOR LICENSURE:

-\$185.00 application/recovery fee

****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.****

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 fee (print in ink).
2. Verification of completion of 10th grade education or transcript, GED certificate, college diploma or transcript, or military discharge papers.
3. A license history from any licensing jurisdiction in which you hold a current license or in which a license has been previously issued.
4. Proof of 60 hours of approved real estate pre-licensing education taken in the last 24 months. Submit a copy of the completion certificate.
5. Copy of AMP test results completed & passed within the last 12 months.
6. Documentation for proof of age (examples: driver's license, passport, birth certificate, etc.).

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Application for Licensure as a Salesperson

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

Application Fee: \$185.00 (includes \$35.00 Recovery Account Fee)

Application is made by: (check one)

Examination

Reciprocity

Waiver (*prior approval required*)

1. FULL NAME _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. BUSINESS NAME _____

4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip

5. HOME ADDRESS _____
Street or PO Box # City and State Zip

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

6. PREFERRED EMAIL ADDRESS _____

7. TELEPHONE (____) _____ (____) _____ (____) _____
Business Cell Fax

8. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

9. MALE FEMALE

10. DATE OF BIRTH _____

11. SUPERVISING BROKER AGREEMENT:

I agree that I have the supervising broker endorsement and I will supervise the above-named applicant as a real estate salesperson. I further agree that I will ACTIVELY SUPERVISE AND TRAIN the applicant during the time the applicant remains under my supervision as a real estate salesperson.

Broker Name

Broker Signature

License #

12. List all professional licenses you hold or **ever** have held. 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
						Yes	No

DISCIPLINARY QUESTIONS:

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

- 13. 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
- 14. 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
- 15. 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
- 16. 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
- 17. 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
- 18. 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
- 19. 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
- 20. 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

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|--|-----|----|
| 21. 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 |
| 22. 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 Salesperson’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.

Legal Signature of Applicant

Dated

******AS AN ACTIVE SALESPERSON, ALL CORRESPONDENCE FROM THE BOARD WILL BE SENT TO YOUR SUPERVISING BROKER’S ADDRESS ON RECORD WITH THE BOARD.******