



Montana Board of Realty Regulation

PO Box 200513

301 S Park, 4th Floor

Helena, MT 59620-0512

Phone: (406) 444-5711

Email: UnitB@mt.gov Website: www.realestate.mt.gov

Part 1: Application Type

I am applying for licensure as:

New Real Estate Broker

Out-of-State Real Estate Broker via Waiver Process

Part 2: Applicant Contact Information

First Name		Middle Initial	Last Name	
Address		City	State	Zip
Mailing Address (if different than above)		City	State	Zip
Mobile Phone	Home Phone		Work Phone	
Email Address				
Other Names Known By				
Social Security Number	Foreign ID Number		Birth Date	Gender

Part 3: Professional License Verification

If you have ever been licensed, certified or registered to practice in the profession for which you are now making application, or held any other professional license, certification or registration, you must complete this section. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must also be listed here. You must include jurisdictions both within and outside the United States. You must request official verification be sent to Montana from the states and jurisdictions in which you hold or held these licenses or certifications. Montana will accept whatever form of official license verification is offered by a particular state or jurisdiction.

State/ Jurisdiction	Title of License	License Number	Applicant has Requested License Verification	
			Yes	No, official verification is online lookup system
			Yes	No, official verification is online lookup system
			Yes	No, official verification is online lookup system
			Yes	No, official verification is online lookup system

Section 4: Personal History Information

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

1.	Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceeding or action? If yes, please attach a detailed explanation and provide supporting documentation from the source.		Yes		No
2.	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
3.	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
4.	Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purpose of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult.		Yes		No
5.	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
6.	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

DECLARATION

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 Board of Realty Regulation. 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 will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

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Legal Signature of Applicant

Date

TRANSACTIONS: Residential & Vacant Lot, 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 the number of team members**
- **A maximum of five (5) residential leases are eligible to be counted as closed transactions**
- **Transactions of the applicant as an employee, transactions in which the applicant is a principal, and mortgage broker activities cannot 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. BUYER NAME 2. SELLER 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.	

Supervising 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 the 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 cannot 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. BUYER NAME 2. SELLER NAME	PROPERTY ADDRESS	1. SELLING AGENT 2. LISTING AGENT	# OF TEAM MEMBERS	CLOSING COMPANY	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.			
1.		1.			
2.		2.			

Supervising Broker Signature: _____ **Date:** _____

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

- **Three (3) points for an Associate Degree in Real Estate**
- **Three (3) points for Certified Commercial Investment Member (CCIM) or Council of Real Estate Broker Managers (CRB)**
- **Five (5) points for a Bachelor Degree or higher in Business Management**
- **Five (5) points for a Bachelor Degree or higher in Real Estate**
- **Five (5) 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 3 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 10 points;

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

SUPERVISION POINTS (CONTINUED)

3. One point for every 5 transactions supervised in the last 36 months, maximum of 15 points.

1. BUYER NAME 2. SELLER NAME	LICENSE # OF SUPERVISED AGENT	DATED CLOSED	POINTS (FOR OFFICE USE)
1.			
2.			
1.			
2.			
1.			
2.			
1.			
2.			
1.			
2.			
1.			
2.			
1.			
2.			
1.			
2.			
1.			
2.			
1.			
2.			

Applicant Signature: _____ Date: _____

EDUCATOR POINTS: Points are obtained by being an approved real estate educator in a jurisdiction;

- **One point for each instructor day (minimum of six hours) within the past 36 months, maximum of 10 points. Must provide proof of course approval number and instructor approval number.**

COURSE NAME & LOCATION	COURSE # INSTRUCTOR #	JURISDICTION APPROVED IN	DATE OF COURSE AND HOURS	POINTS (FOR OFFICE USE)

Applicant Signature: _____ Date: _____