



Montana Board of Realty Regulation

PO Box 200513

301 S Park, 4th Floor

Helena, MT 59620-0512

Phone: (406) 444-6880

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

Part 1: Application Type

I am applying for licensure as:

New Real Estate Salesperson

Out-of-State Real Estate Salesperson 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

Part 4:

**PERSONAL HISTORY QUESTIONS
IMPORTANT INSTRUCTIONS AND NOTICE**

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every “yes” answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS

1.	Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority?		Yes		No
2.	Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority?		Yes		No
3.	Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position?		Yes		No
4.	Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position?		Yes		No
5.	Have you ever withdrawn an application for any professional license?		Yes		No
6.	As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold?		Yes		No
7.	Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?)		Yes		No

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

8.	Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?		Yes		No
9.	Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?		Yes		No

The following information is provided for Question 10 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

10.	Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction?		Yes		No
11.	Are you now subject to criminal prosecution or pending criminal charges?		Yes		No
12.	Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization?		Yes		No
13.	Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?		Yes		No
14.	Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons?		Yes		No

Part 5: 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 #

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.

Legal Signature of Applicant	Date