



## Montana Board of Realty Regulation

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 Helena, MT 59620-0512  
 Phone: (406) 444-5711

Email: [DLIBSDLicensingUnitB@mt.gov](mailto:DLIBSDLicensingUnitB@mt.gov) Website: [www.realestate.mt.gov](http://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 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

**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.

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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.

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Legal Signature of Applicant

Date