

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 PROPERTY MANAGER LICENSING:

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.

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

LICENSING REQUIREMENTS:

- Must be at least 18 years of age
- Must provide evidence of graduation from an accredited high school or equivalent
- Must have completed the 30 hour property management course within the last 24 months
- Must have passed the examination with a score of 80% or higher within the last 12 months

FEES: \$140.00 – (includes Recovery Account Fee)

Make check or money order (\$140.00) payable to the Montana Board of Realty Regulation

DO NOT SEND CASH

APPLICATION PROCEDURES AND SUPPORTING DOCUMENTS:

The following information and/or documentation are required. A license will not be issued until all materials are received and approved.

1. Completed application form and fees
2. Provide evidence of graduation from an accredited high school or equivalent
3. Proof of 30 hours of approved Property Manager pre-licensing education taken in the last 24 months. Submit a copy of the completion certificate
4. Copy of AMP test results completed & passed within the last 12 months
5. Documentation for proof of age (Examples: driver's license, passport, birth certificate, etc.)

ILLEGIBLE AND IMCOMPLETE APPLICATIONS WILL BE RETURNED

PLEASE REVIEW THE MONTANA LAWS AND RULES

****FAXED OR E-MAILED APPLICATIONS WILL NOT BE PROCESSED UNTIL APPROPRIATE FEE IS RECEIVED. 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

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| 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 |
| 10. 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 |

AFFIDAVIT

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 have read and understand the trust account requirements for a property manager license and agree I am in compliance with the requirements.

Signature

Date