

### **Montana Board of Realty Regulation**

PO Box 200513 301 S Park, 4th Floor Helena, MT 59620-0512 Phone: (406) 444-6880

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

# Part 1: Application Type I am applying for licensure as:

New Real Estate Broker APPLICATION FEE: \$90.00

Out-of-State Real Estate Broker via Waiver Process

<u> Part 2: Applicant Conta</u>	act Informatio	on					
First Name		Middle Initial	Last Name				
Address		City	1	State	7	Zip	
Mailing Address (if different	han above)	City		State	2	Zip	
Mobile Phone	Н	lome Phone		Work Phor	ne		
Email Address	<u> </u>						
Other Names Known By							
Social Security Number	Foreign ID Num	ber	Birth Date		Gender		
,	Foreign ID Num	ber	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

# 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

### **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

# **Points Requirement:**

30 total points - transactions must be within the last 36 months

**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

BUYER NAME     SELLER NAME	# OF TEAM MEMBERS	PROPERTY ADDRESS	COMPANY/AGENT FOR BUYER     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.	
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

BUYER NAME     SELLER NAME	PROPERTY ADDRESS	SELLING AGENT     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:	
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EDUCATION POINTS: Must provide copy of diploma, transcripts or course completion certificates

Applicant Signature:

- 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)
-				

Date:

<b>SUPERVISION POINTS:</b>	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.			
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Applicant Signature:		Date:
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COURSE NAME & LOCATION	COURSE # INSTRUCTOR #	JURISDICATION APPROVED IN	DATE OF COURSE AND HOURS	POINTS (FOR OFFICE USE)
opplicant Signature: _			Date:	