



Real Estate Commission  
 NH OPLC – Technical Division  
 121 S Fruit St, Ste 201, Concord NH 03301  
 Tel (603) 271-2701 Fax (603) 271-7928 <http://www.oplc.nh.gov/real-estate-commission/index.htm> E-mail: [nhrec@nh.gov](mailto:nhrec@nh.gov)

Expiration Date	
License #	Date Processed
License Dates	Form#
Broker Ref #	Firm/Trade Name #
Check #	Amount
Receipt #	

FORM 6-RE  
 BROKER REN.  
 REV. 12/15

## APPLICATION FOR RENEWAL OF BROKER'S LICENSE

### RENEWAL FEE \$110.00

Renewal is permitted up to 6 months after expiration with an additional \$60.00 late penalty fee. (Please note: During the 6 month late renewal period after expiration date you are not permitted to practice real estate.)

Make checks payable to: TREASURER, STATE OF NEW HAMPSHIRE

PRINT OR TYPE. All questions must be answered in full. Do not leave any section of application blank, except where instructed to do so.

MR  MRS  MS

Applicant's Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Resident Physical Address: \_\_\_\_\_

Resident Mailing Address: \_\_\_\_\_

Resident Tel. #/Cell #: \_\_\_\_\_ / \_\_\_\_\_ Resident E-mail: \_\_\_\_\_

Business Name \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Tel. #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_ Business E-mail: \_\_\_\_\_

It is important to keep your e-mail address up to date so the Commission can notify you of any law and/or administrative rule changes by e-mail. Please check the e-mail address you prefer to have notices sent to  Resident  Business. If you don't have an e-mail address, the Commission will send a notification of any changes by postcard.

Which of the following is applicable?

### LICENSE STATUS:

- Inactive (must submit an affidavit for 3 hours of "core" continuing education; no bond required)
- Active (must submit affidavits for 3 hours "core" & 12 hours of "elective" continuing education, and all principal and managing brokers must submit an original \$25,000 bond which runs concurrently with license dates.)

CONTINUING EDUCATION – Lists of approved core and elective courses may be found on the Commission web site at [www.oplc.nh.gov/real-estate-commission/index.htm](http://www.oplc.nh.gov/real-estate-commission/index.htm) under licensing. Should you wish to have copies faxed or mailed to you, please contact the Commission office at 603-271-2748. All courses must be completed within your 2 year renewal period.

### BROKER TYPE:

- "Principal broker" means the individual broker, including the broker designated by a corporation, partnership or association, whom the New Hampshire Real Estate Commission holds responsible for the actions of licensees who are assigned to such individual broker.
- "Managing broker" means a broker who manages a branch office.
- "Associate broker" means a broker who is employed by and operates under the supervision of a principal broker. (An associate broker must have the Associate Broker Affiliation Form on page 3 of the application completed and signed by the principal broker under which he/she will operate. The \$25,000 bond is not required.) When you change your employment as an associate broker from one principal broker to another you must promptly notify the Real Estate Commission by completing a Form 5-RE, Amendment Notification form and submitting your wall certificate, pocket id and a \$20.00 fee.

1. If you own or operate a sole proprietorship, partnership, association, corporation, limited liability company or any other business association in real estate, you need to list the firm name and/or trade name(s), address and answer questions 2 and 3.

Firm and/or Trade Name(s): \_\_\_\_\_

\_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED WITH A YES OR NO ANSWER.**

2. Is this trade name, sole proprietorship, partnership, association, corporation, limited liability company or any other business association registered and in Good Standing with the New Hampshire Secretary of State? \_\_\_\_\_  
Forms may be obtained to register with the Secretary of State at <http://www.sos.nh.gov/corporate/Forms.html>.

3. Is this trade name, sole proprietorship, partnership, association, corporation, Limited Liability Company or any other business association licensed with New Hampshire Real Estate Commission? \_\_\_\_\_

\*4. Have you, since your last original or renewal application, been through bankruptcy or insolvency or made a compromise with your creditors? \_\_\_\_\_

\*5. Are there any undischarged court judgments or liens against you at this time? \_\_\_\_\_

\*6. Have you, since your last original or renewal application, been convicted of a misdemeanor or felony offense? \_\_\_\_\_ If "yes", contact this office at (603) 271-4127 for an Arrest and Conviction Form or you may obtain the form from the Commission web site at [www.oplc.nh.gov/real-estate-commission/index.htm](http://www.oplc.nh.gov/real-estate-commission/index.htm) under the licensing section.

\*7. Have you, since your last original or renewal application, been or are now involved in any matters which may affect your good repute or trustworthiness or have any relation to or bearing upon whether you are entitled to public confidence? \_\_\_\_\_

\*8. Have any licenses which you have held to sell real estate been subject to disciplinary action in any state since your last original or renewal application? \_\_\_\_\_

**\* IF YOU ANSWERED "YES" TO QUESTIONS 4, 5, 6, 7 OR 8, ATTACH A SEPARATE SHEET OF PAPER TO THIS APPLICATION GIVING FULL DETAILS AND AN EXPLANATION.**

Your license will expire two years from the date of issue and failure to renew such license will automatically cause your license to expire. If your license expires, you may reinstate your license up to six months from the expiration date by submitting the required documents and renewal fee plus a late renewal penalty fee. If you fail to renew within the six month period, your license will lapse, and you will have to meet all the qualifications of a new candidate. However, the Commission may renew a lapsed license within a reasonable time from the date of lapse for good cause shown as required by RSA 331-A:18, II.

**The following statement applies to principal broker applicants only:**

As a principal broker, pursuant to RSA 331-A:13,V, I hereby give permission to the Real Estate Commission to audit the escrow account or accounts. I attest that I have read the foregoing statement and affixed my signature below.

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL BROKER APPLICANT ONLY

\* \* \* \* \* **All Applicants Must Provide A Notarized Signature Below** \* \* \* \* \*

\_\_\_\_\_  
Signature of Applicant

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

(NOTARY SEAL)

\_\_\_\_\_  
NOTARY PUBLIC/JUSTICE OF THE PEACE

My commission expires: \_\_\_\_\_

# ASSOCIATE BROKER AFFILIATION FORM

Upon receipt of the license herein applied for, the following applicant: \_\_\_\_\_ will be employed by me or will otherwise be under contract with me to perform services as a real estate associate broker, and will work under my supervision. I will display his/her license prominently at my place of business, and when he/she leaves my employ I will notify the New Hampshire Real Estate Commission as required by RSA 331-A:17, IV, and Rea 404.02 within 5 days of termination and return his/her wall license and pocket id to the Commission.

To the best of my knowledge the applicant is of good moral character and is trustworthy.

Principal Broker's Name: \_\_\_\_\_

Business/Firm Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Principal Broker License #: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL BROKER

State of \_\_\_\_\_

County of: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_\_\_

(NOTARY SEAL)

\_\_\_\_\_  
NOTARY PUBLIC/JUSTICE OF THE PEACE

My commission expires: \_\_\_\_\_

PLEASE RETURN THIS EDUCATION EVALUATION WITH YOUR RENEWAL APPLICATION

"CORE" COURSE School/Instructor Name: \_\_\_\_\_

Date attended: \_\_\_\_\_ Location of Course: \_\_\_\_\_

(Check One)

- Was the material presented adequately?..... Yes No
  - Was the information received of value to you? ..... Yes No
  - Were you provided with an opportunity to ask questions? ..... Yes No
  - Were you provided with reference or written materials? ..... Yes No
  - In your opinion was the course worthwhile? ..... Yes No
- Please provide any comments you may have on the course content and/or the school or instructor: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ELECTIVE COURSE Title and Course Number: \_\_\_\_\_

Name of School/Instructor: \_\_\_\_\_

Date Attended: \_\_\_\_\_ Location of Course: \_\_\_\_\_

(Check One)

- Was the material presented adequately?..... Yes No
  - Was the information received of value to you? ..... Yes No
  - Were you provided with an opportunity to ask questions? ..... Yes No
  - Were you provided with reference or written materials? ..... Yes No
  - In your opinion was the course worthwhile? ..... Yes No
- Please provide any comments you may have on the course content and/or school or instructor: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ELECTIVE COURSE Title and Course Number: \_\_\_\_\_

Name of Instructor/School: \_\_\_\_\_

Date Attended: \_\_\_\_\_ Location of Course: \_\_\_\_\_

(Check One)

- Was the material presented adequately?..... Yes No
  - Was the information received of value to you? ..... Yes No
  - Were you provided with an opportunity to ask questions? ..... Yes No
  - Were you provided with reference or written materials? ..... Yes No
  - In your opinion was the course worthwhile? ..... Yes No
- Please provide any comments you may have on the course content and/or school or instructor: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ELECTIVE COURSE Title and Course Number: \_\_\_\_\_

Name of Instructor/School: \_\_\_\_\_

Date Attended: \_\_\_\_\_ Location of Course: \_\_\_\_\_

*(Check One)*

Was the material presented adequately?.....

Yes  No

Was the information received of value to you? .....

Yes  No

Were you provided with an opportunity to ask questions? .....

Yes  No

Were you provided with reference or written materials? .....

Yes  No

In your opinion was the course worthwhile? .....

Yes  No

Please provide any comments you may have on the course content and/or school or instructor: \_\_\_\_\_

---

---

---

ELECTIVE COURSE Title and Course Number: \_\_\_\_\_

Name of Instructor/School: \_\_\_\_\_

Date Attended: \_\_\_\_\_ Location of Course: \_\_\_\_\_

*(Check One)*

Was the material presented adequately?.....

Yes  No

Was the information received of value to you? .....

Yes  No

Were you provided with an opportunity to ask questions? .....

Yes  No

Were you provided with reference or written materials? .....

Yes  No

In your opinion was the course worthwhile? .....

Yes  No

Please provide any comments you may have on the course content and/or school or instructor: \_\_\_\_\_

---

---

---

**Credit Card Sheets are not accepted via e-mail**

**You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.**

**This page will be destroyed after the transaction has taken place.**

Transaction Type:		Amount Due:	
Card Type: (please select one) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <b>(required)</b>			
Card Number			<b>(required)</b>
Expiration Date:	Month:	Year:	<b>(required)</b>
<b>Billing Name and Address (your billing address must match the address associated with the credit card you are using.)</b>			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			