

NEW HAMPSHIRE REAL ESTATE EXAMINATION REGISTRATION FORM

FOR COMMISSION USE ONLY	
Check #:	
Amount:	
Pass Both <input type="checkbox"/> Pass State <input type="checkbox"/> Pass National <input type="checkbox"/> Absent <input type="checkbox"/>	SCORES State: _____ National: _____

To apply for a New Hampshire Real Estate Licensing Examination, complete this form and mail it with the examination fee to the New Hampshire Real Estate Commission, 121 S. Fruit St., Concord, NH 03301.

The NH Real Estate Commission provides lists of candidates who pass the exam to real estate firms that request the lists for hiring purposes. This list includes the exam candidate names and addresses only. Please specify whether or not you give the Commission permission to include your name and address on this list. Yes No.

PLEASE TYPE OR PRINT CLEARLY. All sections of this form must be completed. All incomplete forms shall be returned to applicants for completion.

1. **LEGAL NAME** _____
 Last Name First Name Middle Suffix, e.g., III, Jr.

2. **MAILING ADDRESS** _____
 Number, Street and Apartment Number

 City State Zip Code

3. **TELEPHONE NUMBER** (____) _____ - _____ and (____) _____ - _____
 Home Telephone Number Work Telephone Number

4. **SOCIAL SECURITY NUMBER** _____ - _____ - _____

5. **DATE OF BIRTH** _____ - _____ - _____
 Month Day Year

6. **GENDER** Male Female

7. **EMAIL ADDRESS** _____

8. **SCHOOL CODE** _____ (See page 14 of the candidate handbook for school codes. If you did not attend a school, you must provide the appropriate code for no school attended.)

9. **EDUCATION** The required education on page 2-3 of this handbook must be completed prior to your examination date. To ensure that your education is acceptable, you may submit proof of education along with this registration form.

10. **EXAMINATION FEE** \$170 Broker Examination \$155 Salesperson Examination
 Payment may be made by cash, or by personal check, cashier's check or money order. Cash in the exact amount is only accepted if you are registering in person at the Commission Office listed above. Make checks payable to Treasurer, State of New Hampshire. Registration fees are not refundable.

11. **SIGNATURE AND DATE**
 I certify that I am not affiliated with a real estate school as an administrator, instructor or designee taking the examination for any purpose other than to obtain a license. The information I have provided on this registration form is true and complete to the best of my knowledge.

Signature: _____ Date: _____

TEST TYPE: Salesperson Broker **TEST PORTION:** Both State National

Is this the first time you are taking this examination? Yes No If no, last test date: _____

If you require special testing accommodations, please check the box below and submit the required forms to AMP via mail to 18000 W. 105th St., Olathe, KS 66061-7543 or by fax to 913-895-4651. Special testing accommodations needed: Yes

****IMPORTANT** ATTENTION ALL CANDIDATES LICENSED IN ANOTHER STATE**
 PURSUANT TO: Rea 301.03 (c) and RSA 331-A: 11-a Filing Requirements
 Please provide the New Hampshire Real Estate Commission with an original Certificate of Good Standing from the licensing authority of the state in which you are licensed, along with your Registration Form.
 License # _____ State _____