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

Expiration Date	
License #	Date Processed
License Dates	Form#
Trade Name Ref. #	
Check #	Amount

(FOR OFFICE USE ONLY)

FORM 10-RE
FIRM BR. REN.
REV.12/15

APPLICATION FOR RENEWAL OF REAL ESTATE FIRM BRANCH LICENSE

APPLICATION FEE $110.00
Make checks payable to: TREASURER, STATE OF NEW HAMPSHIRE

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

Name of sole proprietorship, partnership, association, corporation, limited liability company or any other business association in which the firm branch license is to be issued. (Note: The name MUST READ EXACTLY as it is registered with the NH Secretary of State):

Firm Branch Name:_____

Physical Address of Firm Branch: _____
STREET

_____
CITY STATE ZIP CODE

Mailing Address of Firm Branch:_____
STREET/PO BOX

_____
CITY STATE ZIP CODE

Business Tel#:_____ Fax #:_____ E-Mail:_____

1. Will this branch office transact the business of real estate brokerage in New Hampshire under a trade name? _____ If so, state trade name exactly as it is registered with the NH Secretary of State

_____

Date trade name expires at the office of the NH Secretary of State:_____.

2. Managing Broker's Name:_____ Managing Broker's License No.:_____

Managing Broker's Surety Bond Company Name:_____ Bond No.:_____

3. List all licensees who will be working at this branch office:

NAME	LICENSE #	NAME	LICENSE #

_____ _____

_____ _____

_____ _____

PRINCIPAL BROKER NAME_____
(PRINT)

SIGNATURE OF PRINCIPAL BROKER:_____

State of _____

County of _____

Subscribed and sworn to before me this_____ day of _____ 20_____

(Notarial Seal)

_____
NOTARY PUBLIC/JUSTICE OF THE PEACE

My commission expires:_____

AND

MANAGING BROKER NAME_____
(PRINT)

SIGNATURE OF MANAGING BROKER:_____

State of _____

County of _____

Subscribed and sworn to before me this_____ day of _____ 20_____

(Notarial Seal)

_____
NOTARY PUBLIC/JUSTICE OF THE PEACE

My commission expires:_____

THE FOLLOWING POWER-OF-ATTORNEY FORM MUST BE COMPLETED FOR ALL NON-RESIDENT FIRM BRANCHES

POWER-OF-ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: that the subscriber, desiring to conduct a real estate business in the State of New Hampshire in conformity with the laws thereof, hereby irrevocably constitutes and appoints the New Hampshire Real Estate Commission or its Executive Director, for the time being, to be the subscriber's true and lawful attorneys in aforesaid state, in compliance with the provisions of Chapter 331-A Revised Statutes Annotated, as inserted by the Laws of 1959, Chapter 222, and any amendments thereto, upon whom all lawful processes in any action or proceeding against the subscriber may be served and said subscriber hereby stipulates and agrees that any lawful process which is served on said attorneys shall be of the same legal force and validity as if served personally within this State.

IN WITNESS WHEREOF, the undersigned has executed and subscribed to this Power-of-Attorney this _____

day of _____ A.D._____

_____

SIGNATURE OF OWNER/AUTHORIZED OFFICIAL

_____

(TITLE WITHIN FIRM)

State of _____

County of _____

On this _____ day of _____A.D. 20_____ personally appeared the person who subscribed to the following instrument and acknowledged the same as his/her voluntary act and deed before me.

_____

NOTARY PUBLIC/JUSTICE OF THE PEACE

(NOTARIAL SEAL)

My commission expires:

_____

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.

<u>This page will be destroyed after the transaction has taken place.</u>

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

CONFIDENTIAL