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

New Hampshire Real Estate Commission
 121 South Fruit Street
 Concord, NH 03301-2219
 (603) 271-2219 Fax # (603) 271-7928

<https://www.oplc.nh.gov/real-estate-commission/index.htm>

BROKER RENEWAL FORM

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.

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 <https://www.oplc.nh.gov/real-estate-commission/education.htm>. Should you wish to have copies faxed or mailed to you, please contact the Commission office at 603-271-2219. 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 part 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 an "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://sos.nh.gov/formslaws.aspx>.

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 <https://www.oplc.nh.gov/real-estate-commission/forms.htm>.

*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 PUBLIC/JUSTICE OF THE PEACE

(NOTARY SEAL)

My commission expires: _____

ASSOCIATE BROKER AFFILIATION

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: _____

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.

Fax: 603-271-7928

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 (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 : | | | |