



REAL ESTATE COMMISSION FIRM APPLICATION

Include a 110.00 Fee – Checks made payable to “Treasurer, State of New Hampshire”
Mail all forms to: NH REC – 7 Eagle Square, Concord NH 03301

Firm Name: _____
This name must read **exactly** as it is registered with the Secretary of State

Principal Broker's Name _____ Principal Broker's
As it appears on license License Number _____

Principal Broker's Surety Bond Company _____ Bond No: _____

Physical Address of Principal Place of Business: _____

Mailing Address (If different from Above): _____

Phone: _____ Fax: _____ E-Mail: _____

I Have Included My Firm's Certificate of Good Standing from the Secretary of State.
If incorporated, State where incorporated _____

LIST ALL LICENSEES WHO WILL BE WORKING AT THIS LOCATION

Name	License #	Name	License #

PLEASE LIST NAMES AND ADDRESSES OF CORPORATE OFFICERS OR PARTNERS - Attach Additional Sheets if Necessary

Name	Title	Home Address	Sales/Broker
			<input type="checkbox"/> S <input type="checkbox"/> B
			<input type="checkbox"/> S <input type="checkbox"/> B
			<input type="checkbox"/> S <input type="checkbox"/> B
			<input type="checkbox"/> S <input type="checkbox"/> B
			<input type="checkbox"/> S <input type="checkbox"/> B
			<input type="checkbox"/> S <input type="checkbox"/> B
			<input type="checkbox"/> S <input type="checkbox"/> B
			<input type="checkbox"/> S <input type="checkbox"/> B
			<input type="checkbox"/> S <input type="checkbox"/> B
			<input type="checkbox"/> S <input type="checkbox"/> B

Printed Name Principal Broker

Signature of Principal Broker

THIS SECTION ONLY APPLIES TO FIRMS WITH TRADE NAMES

Will this Firm transact the business of real estate brokerage in NH under a trade name? yes no

Name (exactly as Registered with the Secretary of State): _____

Expiration Date: _____

I Have Included My Trade Name's Certificate of Good Standing from the Secretary of State.

THIS SECTION ONLY APPLIES TO FIRMS WITH BRANCHES

Will this Firm Transact real estate business from a branch office? yes no

If Yes, list each branch below

Branch Name

Branch Address

Branch Name	Branch Address

Owner/Authorized Officials Name

Signature of Owner/Authorized Official

Title Within Firm

POWER OF ATTORNEY - All non-resident Firm Branches must complete the following power of attorney

KNOWN TO ALL PERSONS PRESENT 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 administrative head, 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 New Hampshire 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 the Power-of-Attorney this

Signature of Owner/Authorized Official

DATE: _____

Title within Firm: _____

Credit Card Sheets are not accepted via e-mail.

**Credit Card sheets can be faxed to 603-271-7928 or
mailed to OPLC-NHREC, 7 Eagle Square, Concord NH 03301**

**You may pay your fee with a credit card by filling out this form.
This page will be destroyed after the transaction has taken place – Please
single sided use only**

Profession:		Amount Due:	
Licensee Name:		License Number:	
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 :			

Rev. 1/10

DO NOT EMAIL THIS FORM