State of New Hampshire

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
7 Eagle Square, Concord, NH 03301-2412
Phone: 603-271-2152

REAL ESTATE COMMISSION SALESPERSON, ASSOCIATE, AND MANAGING BROKER AFFILIATION FORM

Licensee Name: _____
As it appears on your license — Last First Middle

License Number: _____

Upon receipt of the license herein applied for, the above named applicant will be employed by me or will otherwise be under contract with me to perform services as a real estate licensee, 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 immediately notify the New Hampshire Real Estate Commission within 5 days, as required by RSA 331-A:17, IV.

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

Principal Broker Name _____
As it appears on your license — Last First Middle

Principal Broker Business Address : _____

Principal Broker Phone Number: _____ Principal Broker License Number: _____

Firm License Number where Licensee will be Employed: _____

_____ _____
Signature of Principal Broker Date