



State of New Hampshire
Office of Professional Licensure & Certification

7 Eagle Square, Concord NH 03301
Phone: 603-271-2152

PRINCIPAL BROKER AFFILIATION FORM

*(To be used by salespersons, associate brokers, and managing brokers
when submitting an initial application, renewal application, reinstatement
application, or changing affiliations)*

Applicant Name: _____

“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 Real Estate Commission within 5 days.

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

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

Principal Broker Business Address: _____

Principal Broker Phone #: _____ Principal Broker License #: _____

Firm Number Where Licensee will be Employed: _____

Signature of Principal Broker: _____ Date: _____