



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

TRANSACTION VERIFICATION FORMS – MUST INCLUDE CORRESPONDING MLS SHEETS
EXPERIENCE VERIFICATION

I hereby certify that _____ was employed by me as a real estate salesperson from _____ to _____. He/She worked full/part time and devoted an average _____ hours per week to his/her work. In my opinion his/her overall employment by me as a salesperson amounted to _____ % of Full time employment per week, or the equivalent of _____ Years and _____ Months full time.

I _____ being duly sworn, state
 Last First Middle

that I have read the foregoing answer, statements and representations therein contained, and that each and all such answers, statements, and representations are true.

SIGN HERE _____ DATE: _____ Principal Broker License Number: _____

TRANSACTION 1

Broker Applicant's Name: _____
As it will appear on your license Last First Middle

Date of Transaction: _____ Location of Property: _____

Transaction Type: Commercial Residential Land Multi-Family Other

If "Other", please explain _____

Please Note – Commission Based Transactions or Rentals for Residential and Multi Transactions are not acceptable, except for Property Managers who deal exclusively in rental of residential properties.

Were there other licensee's involved? Yes No If "Yes" in what capacity? _____

Description and Significance of Applicant's Involvement: (Significance shall be interpreted to mean that the licensee's involvement was equal to or greater than 50% of the overall brokerage involvement):

TRANSACTION 2

Broker Applicant's Name:

As it will appear on your license

Last

First

Middle

Date of Transaction:

Location of Property:

Transaction Type: Commercial Residential Land Multi-Family Other

If "Other", please explain

Please Note – Commission Based Transactions or Rentals for Residential and Multi Transactions are not acceptable, except for Property Managers who deal exclusively in rental of residential properties.

Were there other licensee's involved ? Yes No If "Yes" in what capacity?

Description and Significance of Applicant's Involvement: (Significance shall be interpreted to mean that the licensee's involvement was equal to or greater than 50% of the overall brokerage involvement):

TRANSACTION 3

Broker Applicant's Name:

As it will appear on your license

Last

First

Middle

Date of Transaction:

Location of Property:

Transaction Type: Commercial Residential Land Multi-Family Other

If "Other", please explain

Please Note – Commission Based Transactions or Rentals for Residential and Multi Transactions are not acceptable, except for Property Managers who deal exclusively in rental of residential properties.

Were there other licensee's involved ? Yes No If "Yes" in what capacity?

Description and Significance of Applicant's Involvement: (Significance shall be interpreted to mean that the licensee's involvement was equal to or greater than 50% of the overall brokerage involvement):

TRANSACTION 6

Broker Applicant's Name: _____
As it will appear on your license Last First Middle

Date of Transaction: _____ Location of Property: _____

Transaction Type: Commercial Residential Land Multi-Family Other

If "Other", please explain _____

Please Note – Commission Based Transactions or Rentals for Residential and Multi Transactions are not acceptable, except for Property Managers who deal exclusively in rental of residential properties.

Were there other licensee's involved ? If "Yes" in what capacity? _____
 Yes No _____

Description and Significance of Applicant's Involvement: (Significance shall be interpreted to mean that the licensee's involvement was equal to or greater than 50% of the overall brokerage involvement):

THIS SECTION TO BE COMPLETED BY THE APPLICANT'S PRINCIPAL BROKER

I, _____, hereby certify to the best of my knowledge that the information provided
(Please Print)

on this form by _____ is accurate.
(Applicants Name)

BROKER SIGNATURE: _____	LICENSE NUMBER _____
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