



**STATE OF MINNESOTA
DEPARTMENT OF COMMERCE**
85 – 7th PLACE EAST
ST. PAUL, MINNESOTA 55101
(651) 296-6319

(For Department Use Only)

**REAL ESTATE
SALESPERSON LICENSE APPLICATION**

LICENSE NUMBER

DATE PROCESSED

The data which you furnish on this form will be used by the Department of Commerce to assess your qualifications for a license. Disclosure of your social security number is voluntary. You are not legally required to provide this data, however, if you do not provide your social security number the Department of Commerce may be unable to grant a license. The Department may use social security numbers for revenue recapture as authorized by Minnesota Statutes, Chapter 270A and for identification purposes. After issuance of a license, all information contained in this application, except your social security number, is public pursuant to Minnesota Statutes, Chapter 13.

MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS

Type of License (check one below)

Instructions

<input type="checkbox"/> New License Fee: \$100	1. Education <ul style="list-style-type: none"> • Attach Completion Certificates for 90-hours pre-license education (Salesperson Course I, Course II, Course III) 2. Examination <ul style="list-style-type: none"> • Attach passing results for 2-part Salesperson exam (<i>no more than one year old</i>)
<input type="checkbox"/> Reciprocal License Fee: \$100 Reciprocal State (check one) <input type="checkbox"/> CO <input type="checkbox"/> IA <input type="checkbox"/> NE <input type="checkbox"/> OK <input type="checkbox"/> ND <input type="checkbox"/> SD <input type="checkbox"/> WI	1. Letter of Certification (<i>no more than 90 days old</i>) <ul style="list-style-type: none"> • Attach Letter of Certification showing active Salesperson license in IA, NE, ND, OK, SD, or WI • Letter of Certification from CO must show active "Broker's Associate" license • Reciprocity not available if the license in the reciprocal state has expired prior to submitting this application License # _____ (<i>in other state</i>) Expiration Date: _____ 2. Education and Examination <ul style="list-style-type: none"> • Applicants with active CO, IA, NE, ND, OK, or SD license: No additional education or exam required • Applicants with active WI license: ⇒ Attach Completion Certificate for MN Salesperson course (<i>minimum 13 hours</i>) ⇒ Attach passing results for the State Laws portion of the MN Salesperson exam (<i>no more than one year old</i>)
<input type="checkbox"/> Reapplication License Fee: \$100	Previous MN Salesperson License # _____ Expiration Date: _____ Examination <ul style="list-style-type: none"> • If Salesperson License expired more than 24 months ago, attach passing results for 2-part Salesperson exam (<i>no more than one year old</i>) • If Salesperson License expired less than 24 months ago, applicant is not required to re-take Salesperson exam *Attach any past due CE Certificates
<input type="checkbox"/> Transfer License Fee: \$20	<ul style="list-style-type: none"> • Transfer license to new Broker or from inactive to active status. • This form is not for an Automatic Transfer. Note: " only within the licensee's 2-year license period "

Applicant Information

Last Name		First Name		Middle Name	
Residential Street Address (PO Box must include RR# or Street Address)			City	State	Zip Code
Date of Birth (mo/day/yr)		Residence Telephone Number ()		Social Security Number	

Real Estate Company Information

In order to hold and maintain an individual license, an individual Salesperson or Broker must be affiliated with a licensed Real Estate Company.

Real Estate Company Name (and DBA if any)			
Company Address			Real Estate Company's MN License Number
City	State	Zip Code	Company Telephone Number ()

All applicants must answer questions 1 through 7.

<p>1. Have you ever been licensed as a real estate Broker or Salesperson in any state other than Minnesota? If yes, provide the following:</p> <p>a) If this is an application for a new MN license</p> <ul style="list-style-type: none"> • List each state where applicant has ever held any real estate license: _____ • Attach a Certification of Licensure (less than 90 days old) from each state listed above <p>b) If this is an application to reactivate a MN license</p> <ul style="list-style-type: none"> • Provide MN license expiration date _____ • List each state where applicant held a real estate license after the above expiration date: _____ • Attach a Certification of Licensure (less than 90 days old) from each state listed above 	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>2. Have you ever been the subject of an inquiry or investigation by any division of the Minnesota Commerce Department? If yes, attach written explanation, including specific dates, and copies of all letters of inquiry and resolution.</p>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>3. Have you or has any occupational license held by you been censured, suspended, revoked, canceled, terminated, or been the subject of any type of administrative action in any state including Minnesota? If yes, you must attach:</p> <p>a) a written statement identifying the type of license and explaining the circumstances of each incident, b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document which establishes the resolution of the charges or any final judgment.</p>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>4. Have you ever been charged, indicted, pleaded to, or convicted of a criminal offense in any State or Federal Court? Include any felony, gross misdemeanors or misdemeanors. Do not include misdemeanor traffic violations. If yes, you must attach:</p> <p>a) a written statement explaining the circumstances of each incident, b) a copy of the indictment and/or criminal complaint c) a copy of the sentencing order, d) a copy of the official document which establishes the parole resolution of the charges or any final judgment, and e) if currently on probation/parole, attach letter from probation officer stating your compliance with terms of probation/parole.</p>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>5. Have you ever been a defendant in any lawsuit involving claims of fraud, misrepresentation, conversion, mismanagement of funds, breach of fiduciary duty, or breach of contract? If yes, you must attach:</p> <p>a) a written statement summarizing the details of each incident, b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and c) a copy of the official document which establishes the resolution of the charges or any final judgment.</p>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>6. Are you currently an owner, officer or partner of a licensed Real Estate Company through which you will be licensed? If yes, you must provide: Real Estate Company Name (and DBA, if any) _____ Real Estate Company License # _____</p>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>7. Have you been notified by the Commissioner of Revenue, pursuant to Minnesota Statutes 270.72, that you currently owe the State of Minnesota any delinquent taxes?</p>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>

CERTIFICATION OF APPLICANT

CONSENT TO SERVICE OF PROCESS *KNOW ALL BY THESE PRESENTS:* That in compliance of the Laws of the State of Minnesota, I, the undersigned applicant, if a nonresident, do hereby appoint the Minnesota Commissioner of Commerce and his/her successors, as my true and lawful attorney upon whom may be served all legal process in any action or proceeding in which I may be a party arising out of or relating to the transactions of the license, and do hereby expressly consent and agree that service upon such attorney shall be as valid and binding as if due and personal process has been made upon me and that such appointment shall be irrevocable.

- I understand that I must notify the Commerce Department in writing within ten days of any final adverse order of a court in which I was a defendant and which alleged fraud, misrepresentation, or the conversion of funds; suspension or revocation of my real estate or other occupational license issued by any state; or if I am charged with, adjudged guilty of, or enters a plea of guilty or nolo contendere to any felony or gross misdemeanor alleging fraud, misrepresentation, conversion of funds, or violation of any real estate licensing law.
- I certify that all of the information submitted in and with this application is true and complete, and this document has not been altered in any manner from the form adopted by the Commerce Department.

Signature of Individual Applicant (mandatory)

Date

CERTIFICATION OF BROKER - REAL ESTATE COMPANY

- I certify that I am authorized Broker for the Real Estate Company identified in this application form.
- I certify that upon issuance of the license, this individual will be affiliated with and licensed to this Real Estate Company.
- I have reviewed this application, including applicant's response to questions 1 through 7. I understand I am responsible for the acts of this Salesperson pursuant to Minn. Stat. 82.34, subd. 3.
- I certify this applicant is in compliance with the Continuing Education requirements, if applicable.

Signature of Broker (mandatory)

Date



**STATE OF MINNESOTA
DEPARTMENT OF COMMERCE**
85 – 7th Place East
St. Paul, Minnesota 55101
(651) 296-6319

BCA FORM

Bureau of Criminal Apprehension
Criminal Background Check

THIS FORM MUST BE COMPLETED AND SIGNED BY ALL INDIVIDUAL APPLICANTS, AND IF THE LICENSE IS TO BE ISSUED TO A COMPANY, THIS FORM MUST BE COMPLETED AND SIGNED BY EACH OF THE COMPANY'S OWNERS, LIMITED OR GENERAL PARTNERS, CORPORATE OFFICERS, DIRECTORS, SHAREHOLDERS OWNING MORE THAN 10% OF THE CORPORATION'S STOCK, LLC OWNERS/GOVERNORS, MANAGERS, OR EMPLOYEES WITH AUTHORITY TO EXERCISE MANAGEMENT OR POLICY CONTROL. THE COMMERCE DEPARTMENT REQUIRES THIS INFORMATION TO CONDUCT CRIMINAL HISTORY CHECKS AND/OR VERIFY TAX IDENTIFICATION INFORMATION.

TO: Bureau of Criminal Apprehension and Minnesota Department of Revenue

RE: Request for Criminal Background Check, and
Request for Disclosure/Verification of Tax Identification Number

PROVIDE PERSON'S COMPLETE NAME				Please Print	
LAST NAME (if last name is hyphenated, enter both names here)					
FIRST NAME			MIDDLE NAME		
ADDITIONAL MIDDLE NAME (if applicable)		MAIDEN NAME (if applicable)		FORMER LAST NAME or OTHER NAME (if applicable)	
DATE OF BIRTH (mo/day/yr)			SOCIAL SECURITY NUMBER		
TYPE OF LICENSE FOR WHICH YOU ARE APPLYING					
THE FOLLOWING SECTION MUST BE COMPLETED IF THE INDIVIDUAL LICENSEE IS AFFILIATED WITH A COMPANY LICENSEE:					
COMPANY NAME: _____					
COMPANY'S ASSUMED NAME (if applicable): _____					
COMPANY'S LICENSE # _____					

CERTIFICATION AND AUTHORIZATION:

- I, the undersigned, have made application to the Minnesota Department of Commerce for a regulated professional or occupational license.
- I certify that complete and accurate responses have been provided for all questions on the application.
- I hereby request and authorize the Bureau of Criminal Apprehension to conduct a background check of me through their records for licensing purposes.
- I hereby request and authorize the Minnesota Department of Revenue to disclose or verify the state tax identification number.

Signature (mandatory)

Date