



STATE REAL ESTATE COMMISSION
PO Box 2649
Harrisburg PA 17105-2649

Phone Number 717-783-3658
Fax Number: 717-787-0250
www.dos.pa.gov/estate

**BROKER and CEMETERY BROKER (CORP LLC PARTNER)
REACTIVATION or CHANGE APPLICATION
STANDARD AND RECIPROCAL**

Make sure this is the most recent application by checking our website. Failure to submit a current application could result in delays while processing your application.

To qualify for a reciprocal license, you must meet both of the following requirements:

1. Hold a current, active equivalent broker license in another state, having been so obtained by examination in a state that has entered into a reciprocal agreement with this Commission.
2. Your principle place of business is in another state.

Note: You must maintain a current license in your primary state in order to renew your reciprocal Pennsylvania license. You are required to notify the Commission within 30 days of any change to your primary license. If your primary license is not active at the time of renewal, you cannot renew, and must apply for a standard license by completing the application for standard licensure.

If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Commission shall require the applicant to submit a new application including the required fee.

In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance. All background check documents cannot be older than 90 days from the date of issuance.

If there has been a change of address issued by the post office, municipality, or "911" agency in your area, DO NOT complete this application. Instead, send a copy of the letter you received notifying you of the address change, along with \$5.00 per license held (broker, broker of record, associate broker, and/or salespersons).

Licenses are not forwarded. Provide your current address to receive correspondence from the Commission. It is the applicant's responsibility to inform the Commission of an address or name change within ten (10) days of the change.

INSTRUCTIONS

1. The application responses must either be typed or printed in blue or black ink.
2. Failing to answer any questions or providing false answers may result in the refusal of a license or subsequent disciplinary action once the license is issued.
3. Questions about corporate filings or fictitious names should be directed to the Pennsylvania Corporation Bureau online at www.dos.pa.gov/corps.
4. Members of a real estate association or organization may use a name that connotes membership in the association/organization, provided that membership is continued.
5. Fictitious names may not be false, misleading, or deceptive.

APPLICATION CHECKLIST

Attach the following documents to this application:

- Check or money order made payable to the Commonwealth of Pennsylvania.**
 - **Reactivation of an Expired License - \$201.00**
 - **\$5.00 per month late fee, if applicable. (If the business operated while expired submit an additional \$5.00 per month)**
 - **NAME CHANGE**
 - **\$75.00 for the main location**
 - **\$75.00 for each branch office**
 - **\$20.00 for each licensee, including broker of record, officers, or partners**
 - **ADDRESS CHANGE**
 - **\$75.00 for the main location**
 - **\$20.00 for each licensee, including broker of record, officers, or partners**
 - All fees are NON-REFUNDABLE regardless of whether a license is issued. A \$20.00 processing fee will be charged for any returned unpaid check.

- All original wall certificates, including the entity, broker of record, officers, partners, and salespersons licenses, must be returned.**

- NAME CHANGE ONLY – Photocopy of the Pennsylvania Corporation Bureau-approved Articles of Incorporation (for corporations), Certification of Registration (for partnerships), or Certificate of Authority (for out of state entities).**

- REACTIVATION ONLY – Completed broker of record application**

- REACTIVATION OR NAME CHANGE ONLY – Photocopy of the Pennsylvania Corporation Bureau-approved Fictitious Name Registration (if applicable) – If you are adding, deleting, or amending a fictitious name, the approval must be submitted.**

- REACTIVATION OR NAME CHANGE ONLY – Bank Escrow Verification Letter – All entities must have an escrow account, regardless of whether or not the account will be used. The broker of record must be an authorized signatory on the account. Applicants must receive a letter from their bank verifying the entity name and identifying authorized signatories on the account. If you have changed the name of your company, a letter from your financial institution must be submitted, verifying the name has been changed on the escrow account.**

- REACTIVATION OR NAME CHANGE ONLY – Certification of Licensure (if applicable) – If the entity maintains its office in another state, a Certificate of Licensure or Letter of Good Standing from that state’s Real Estate Commission must be submitted. The Certification must be dated within 90 days of the date the application is received in this office.**

PROCESSING INFORMATION

- You should maintain a copy of this application until a license has been issued.
- Please see the Commission’s website, www.dos.state.pa.us/estate, for additional information about licensure and application requirements.
- To check the status of your application, go to www.licensepa.state.pa.us

STANDARD LICENSE APPLICANTS - YOU MAY NOT PRACTICE UNTIL YOU HAVE RECEIVED TEMPORARY AUTHORIZATION FROM THE INSPECTOR AFTER PASSING INSPECTION.

A \$55.00 RE-INSPECTION FEE WILL BE CHARGED WHENEVER THERE IS A FAILED INSPECTION.

RECIPROCAL LICENSE APPLICANTS – YOU MAY NOT PRACTICE UNTIL AFTER A LICENSE HAS BEEN ISSUED.



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BROKER (CORP LLC PARTNER) REACTIVATION or CHANGE APPLICATION

SELECT LICENSE TYPE:

- Broker (Corp LLC Partner) Standard; Broker (Corp LLC Partner) Reciprocal; Cemetery Broker (Corp LLC Partner) Standard

SELECT APPLICATION TYPE:

- Change of Location; Change of Entity Name; Change of Trade Name; Reactivation

1. Entity Name: _____

2. Entity's Trade Name: _____

3. Entity's Address: _____
(Street)

(City) (State) (Zip)

a. Please list the date of relocation to this address (if changing location): _____

4. Previously held license number: _____

5. Has the entity provided real estate services while its license was inactive or expired?

No Yes - When: ___ / ___ / ___ to ___ / ___ / ___

6. Name of proposed Broker of Record: _____

7. License Number of Broker of Record (if applicable): _____

8. Office website address: _____

9. Office Phone Number: (____) _____ - _____

10. Does the exterior sign list the name under which the entity is doing business? No Yes

11. Does the office have a location where business can be conducted in a confidential manner?

No Yes

12. Where is the office located? A commercial building A private dwelling

13. If located in a private dwelling, does the office have a separate entrance from the dwelling?

No Yes

14. Does the office have an escrow account? No Yes

15. Does any officer, partner, member and/or owner hold, or have they ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? No Yes

16. If you answered yes to the above question, please provide the profession and state or jurisdiction.

Please do not abbreviate the profession. Profession: _____

State: _____

- 17. Has any officer, partner, member and/or owner had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to them in any state or jurisdiction or have they agreed to voluntary surrender in lieu of discipline? No Yes

- 18. Does any officer, partner, member and/or owner currently have any disciplinary charges pending against their professional or occupational license, certificate, permit or registration in any state or jurisdiction? No Yes

- 19. Has any officer, partner, member and/or owner been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court. No Yes

- 20. Does any officer, partner, member and/or owner currently have any criminal charges pending and unresolved in any state or jurisdiction? No Yes

Disciplinary action includes any revocation, suspension, voluntary surrender, reprimand, probation, civil penalty or any restriction in practice. If any disciplinary action has been taken against any license in any state, submit all documentation about the disciplinary action.

Conviction includes a finding or verdict of guilt, an admission of guilt, a plea of nolo contendere or receiving probation without verdict, disposition in lieu of trial or an Accelerated Rehabilitation Disposition in the disposition of criminal charges. Only felony and misdemeanor convictions must be reported to the Commission. If a conviction has occurred in any state that has not yet been reported to the Commission, submit all documentation about the conviction. If you answered "Yes" to any of the disciplinary or conviction questions, provide complete details as well as certified copies of relevant documents.

APPLICANT'S CERTIFICATION

By submitting this information, I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

(Applicant's Signature)

(Date)