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 (CORP LLC PARTNER)-RECIPROCAL INITIAL LICENSE APPLICATION

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.

PLEASE READ THE FOLLOWING BEFORE PROCEEDING WITH THE APPLICATION PROCESS

If your state of licensure is not listed, please do not proceed with this application type. You will need to apply for the Broker (CORP LLC PARTNER)–Standard license. The Pennsylvania Real Estate Commission has reciprocity with the following states:

Arkansas	Georgia	Louisiana	Maryland
Massachusetts	New York	West Virginia	

To qualify for a reciprocal license 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.

You must meet both of the following requirements:

1. Hold a current, active 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.

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.

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.

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. Refer to the "Name/Address Change" form located on our website.

The application responses must either be typed or printed in blue or black ink.

Questions about corporate filings or fictitious names should be directed to the Pennsylvania Corporation Bureau online at www.dos.pa.gov/corps

APPLICATION CHECKLIST

Attach the following documents to this application:

- ☐ **Check or money order made payable to the Commonwealth of Pennsylvania**
  - $179.50 (Includes $94.50 licensure fee, $75.00 application fee, and $10 recovery fund fee)
  - 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.

- ☐ **Certification of Licensure –**A Certificate of Licensure or Letter of Good Standing from the reciprocal state's Real Estate Commission must be submitted verifying the entity's out of state licensure. The Certification must be dated within 90 days of the date the application is received in this office.

- ☐ **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).

- ☐ **Completed broker of record application –** Expired broker licensees complete the Broker-Multi-Licensee Standard and Reciprocal Reactivation application. Current broker licensees and new broker applicants complete the Broker-Multi-Licensee Initial application.

- ☐ **Photocopy of the Pennsylvania Corporation Bureau-approved Fictitious Name Registration (if applicable) -** Fictitious names may not be false, misleading, or deceptive.

- ☐ **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.

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

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

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

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1. Entity Name: _____

2. Entity's Trade Name: _____

3. Entity's Address: _____
(Street)

_____
(City) (State) (Zip)

4. Name of proposed Broker of Record: _____

5. License Number of Broker of Record (if applicable): _____
If license has not yet been issued, write "pending."

6. Phone Number where the Broker of Record can be contacted directly: (__ __ __) __ __ __ - __ __ __ __

7. Broker of Record Email Address: _____

8. Select your state of reciprocity: ☐ Arkansas, ☐ Georgia, ☐ Louisiana, ☐ Maryland, ☐ Massachusetts, ☐ New York, ☐ West Virginia

9. Office website address: _____

10. Office Phone Number: (__ __ __) __ __ __ - __ __ __ __

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

12. Does the office have a location where business can be conducted in a confidential manner?
☐ No ☐ Yes

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

14. If located in a private dwelling, does the office have a separate entrance from the dwelling?
☐ No ☐ Yes

15. Does the office have an escrow account? ☐ No ☐ Yes

16. 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

17. If you answered yes to the above question, please provide the profession and state or jurisdiction. Please do not abbreviate the profession.
Profession: _____ State: _____

18. 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

19. 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

20. 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

21. 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.

☐ **Check box if claiming a Business fee exemption for veteran-owned and reservist-owned small business under Act 135 of 2016 (51 Pa.C.S. §§ 9610-9611)**

Under Act 135 of 2016, veterans and reservists starting or opening a small business in the Commonwealth are exempt from the payment of a business fee effective January 2, 2017. Therefore, the board will waive the initial application fee for veteran- or reservist-owned small businesses as follows:

1. The veteran/reservist owner(s) must certify below that they are starting a small business in the Commonwealth. A **small business** must be independently owned, not dominant in its field of operation and employ 100 or fewer employees. The business must be owned AND controlled by a veteran or reservist. For businesses with multiple owners, at least 51% of the ownership interest must be held by veterans/reservists to claim the exemption.

2. The veteran/reservist owner(s) must attach proof of the veteran's or reservist's status at the time the initial application is submitted. Such proof includes a legible photocopy of:
   - A Federal DD-214 form
   - A Federal NGB-22 form
   - A valid Federal Veterans' Administration card or
   - A valid Department of Defense-issued military identification card

CERTIFICATION STATEMENT:

I hereby certify that I am applying for this license in order to start or open a small business in the Commonwealth of Pennsylvania as defined above, that I am a veteran or reservist as evidenced by the attached documentation, and that at least 51% of the ownership of the small business is veteran- or reservist-owned.

_____ _____
Signature of veteran/reservist applicant Date

_____
Printed name of veteran/reservist applicant
** Use additional sheets as necessary for each veteran/reservist owner

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)