



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

QUALIFIED ASSOCIATION 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 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.

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.

Qualified Associations are corporations, limited liability partnerships (LLP), limited partnerships (LP), or limited liability companies (LLC) registered with the Pennsylvania Corporations Bureau or the Corporation Bureau of another state that **DO NOT**:

1. Possess any real estate licenses;
2. Hold itself to the public as providing real estate or real estate related services.
3. Are solely owned by licensees who are affiliated with the same broker.

INSTRUCTIONS

1. The application responses must be typed or printed in blue or black ink.
2. ATTACH TO THIS APPLICATION documentation verifying that you are incorporated or otherwise organized under the laws of the Pennsylvania Corporations Bureau or the Corporations Bureau in another state. This documentation must list the owners of the company, all of which must be licensees who are affiliated with the same broker. Questions about corporate filings in Pennsylvania should be directed to the Pennsylvania Corporation Bureau online at www.dos.pa.gov/corps

If approved, a letter noting the establishment of a qualified association will be mailed directly to the address that is provided on this application.

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.

PROCESSING INFORMATION

You should maintain a copy of this application until an approval letter has been issued. Please see the Commission's website www.dos.pa.gov/estate for additional information about licensure and application requirements.



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1. Name of Qualified Association: _____

2. Address of Qualified Association: _____
(Street Address)

(City) (State) (Zip)

3. In which jurisdiction is the entity registered? _____

4. Date the entity was registered: __ __ / __ __ / __ __ __ __

5. List the name and license number of all owners of the Qualified Association:

Name: _____ License Number: _____

6. Name and License Number of the Broker that all Qualified Association Owners are affiliated with:

(Name as it appears on license) (License Number)

APPLICANT'S CERTIFICATION - MUST BE SIGNED BY ALL OWNERS/OFFICERS/PARTNERS

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.

(Owner/Officer/Partner Signature) (Date)

(Owner/Officer/Partner Signature) (Date)

(Owner/Officer/Partner Signature) (Date)

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