



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

CHANGE OF EMPLOYER APPLICATION – STANDARD OR RECIPROCAL LICENSEES

USE THIS APPLICATION FOR THE FOLLOWING LICENSE TYPES ONLY:

REAL ESTATE SALESPERSON – CAMPGROUND MEMBERSHIP SALESPERSON – TIMESHARE SALESPERSON - BUILDER-OWNER SALESPERSON – CEMETERY SALESPERSON – ASSOCIATE BROKER - CEMETERY ASSOCIATE BROKER

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

Licensees who wish to use and advertise a nickname for their first name shall include the nickname on their licensure applications or biennial renewal applications. If you are using a nickname that was **not previously** reported, please provide this information now.

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 delay the issuance of a license or result in disciplinary action once the license is issued.

Change of employment applications must be submitted **within 10 days of the change**. If your license is currently active, upon submission of a completed application, you may begin practicing **UNLESS** the broker does not hold a current, active Pennsylvania license. A copy of this application must be kept on file with your new employing broker/builder-owner until your updated license has been issued. **All original wall certificates should be returned.**

You must list the effective date of employment with your new broker.

If you changed your name for any reason, copies of legal documents supporting this change must be submitted. Legal documents include marriage certificates, divorce decrees that state you are retaking a maiden name, or other court documents verifying the name change. Driver's licenses and social security cards are not acceptable to verify a name change.

SOCIAL SECURITY NUMBER DISCLOSURE: NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number.

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.

PLEASE NOTE: Providing your e-mail address on this form permits the Commission to correspond with you via e-mail regarding the status of this application. Please make sure to add ra-realestate@pa.gov to your Contacts so that you do not miss vital communications regarding your license.

INSTRUCTIONS

1. The application responses must either be typed or printed in blue or black ink.
2. Employer's Information - Use the name, address and license number of the Pennsylvania broker/builder-owner exactly as it appears on their license/registration. If the employing broker is a corporation or partnership, use the company's name, address and license number.
3. Employer Certification - The employer certification must be signed by the broker or broker of record if the employing broker is a corporation or partnership.
4. You must list the effective date of employment with your new broker in item 9. Failure to provide a date in item 9 may result in delays to the processing of this application.

APPLICATION CHECKLIST

Attach the following documents to this application:

- Check or money order made payable to the Commonwealth of Pennsylvania in the amount of \$20.00.**
 - All fees are NON-REFUNDABLE regardless of whether the application is approved. A \$20.00 processing fee will be charged for any returned unpaid check.
- Disciplinary Action documents (if applicable)**
- Name Change documents (if applicable)**
- Criminal Conviction documents (if applicable)**
- Returned License**

PROCESSING INFORMATION

- Licenses are mailed to the employing broker's main office address.
- Please see the Commission's website www.dos.pa.gov/estate for additional information about licensure and application requirements.
- To check the status of your application visit www.pals.pa.gov.



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REAL ESTATE SALESPERSONS – CAMPGROUND MEMBERSHIP – TIMESHARE SALESPERSONS
BUILDER-OWNER SALESPERSON – CEMETERY SALESPERSON – ASSOCIATE BROKER –
CEMETERY ASSOCIATE BROKER**

- 1. Applicant’s Legal Name: _____
- 2. Applicant’s License Number: _____
- 3. Applicant’s Nickname (if applicable): _____
- 4. Applicant’s Home Address: _____
(Street)

(City) (State) (Zip)

- 5. Applicant’s Social Security Number: ____ - ____ - _____

- 6. Applicant’s Date of Birth: ____ / ____ / _____

- 7. Applicant’s Phone Number: (____) _____ - _____

- 8. Applicant’s Email Address: _____

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- 9. Effective Date of Employment with the new broker: ____ / ____ / _____

- 10. Original License Enclosed? Yes No

EMPLOYER’S INFORMATION AS IT APPEARS ON THEIR LICENSE:

- 11. Employing Broker’s Office Name: _____

- 12. Employing Broker’s Office Address: _____

- 13. Employer’s License Number: _____

APPLICANT BACKGROUND INFORMATION:

- 14. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? No Yes

- 15. If you answered yes to the above question, please provide the profession _____ and state or jurisdiction _____. Please do not abbreviate.

- 16. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline? No Yes
- 17. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction? No Yes
- 18. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration 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.

ACKNOWLEDGEMENT OF DUTY TO SELF-REPORT DISCIPLINARY CONDUCT AND CERTAIN CRIMINAL ACTIVITY (mandatory for all licensees; signature required)

I, _____, hereby acknowledge that in addition to any existing reporting requirement required by a specific board or commission, I am REQUIRED pursuant to Act 6 of 2018 to NOTIFY the Bureau of Professional and Occupational Affairs WITHIN 30 DAYS of the occurrence of any of the following: (1) A disciplinary action taken against me by a licensing board or agency in another jurisdiction; (2) A finding or verdict of guilt, an admission of guilt, a plea of nolo contendere, probation without verdict, a disposition in lieu of trial or an Accelerated Rehabilitative Disposition (ARD) of any felony or misdemeanor offense in a criminal proceeding. I further acknowledge that failure to comply with these mandatory reporting requirements may subject me to disciplinary action by the Board. I acknowledge my understanding that to self-report a disciplinary action or criminal matter as set forth above, I may log in to the Pennsylvania Licensing System (PALS) at www.pals.pa.gov and select "Mandatory Reporting by Licensee" under the heading "Your Licenses."

Licensee Signature

Date

EMPLOYER'S CERTIFICATION

I do hereby request that a license be granted to _____ to provide real estate services at this office. I certify that the above applicant bears a good reputation for honesty, trustworthiness, integrity and competence and I will actively train and supervise the applicant as required by Real Estate Licensing and Registration Act and the Commission's Regulations.

(Employer's Signature)

(License Number)

(Date)

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)