



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 SIGNATURE CARD

This document is to be used if you were unable to print the signature card during the online application process. The signed card should be submitted with the remaining documents that are needed to complete your application packet.

Applicant's Name: _____

Applicant's Social Security Number: ___ ___ - ___ - ___ ___

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.

 (Broker'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)

YOU MAY NOT PRACTICE UNTIL THE COMMISSION ISSUES YOUR LICENSE