



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

BRANCH OFFICE INITIAL LICENSURE 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. 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.

INSTRUCTIONS

1. The branch office must conduct business under the exact same name as the main office.
2. The branch office must be under the direction of a manager. The manager must be licensed with the Commission as a broker, officer, partner, or associate broker. A manager may manage more than one branch office.
3. An original letter from the bank verifying existence of an escrow account must be submitted, providing the entity name and identifying authorized signatories on the account, unless the escrow account is being held at the main office. If the main office maintains the escrow account, submit a letter stating such.

APPLICATION CHECKLIST

Attach the following documents to this application:

Check or money order made payable to the Commonwealth of Pennsylvania

- **\$159.50** - Includes \$65.00 application fee and \$94.50 licensure 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.
- Please note that a \$55.00 re-inspection fee will be charged whenever there is a failed inspection.

Bank Escrow Letter or statement

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.
- To check the status of your application or to apply online visit www.mylicense.state.pa.us

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



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BRANCH OFFICE APPLICATION

- 1. Branch Office Name: _____
- 2. Branch Office Trade Name: _____
- 3. Branch Office Address: _____
(Street)

(City) (State) (Zip)

- 4. Branch Office Manager's Name: _____
- 5. Branch Office Manager's License Number: _____
- 6. Branch Office Manager's Email Address: _____

Check here if you would like to receive communications regarding your application via email. If you check this box, please be sure to add ra-realestate@pa.gov to your address book.

7. Branch Office Phone Number: (____) _____ - _____

8. Main Office License Number: _____

9. Main 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.

(Broker of Record Signature)

(Date)