



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 SOLE PROPRIETOR- 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

Applicants must be at least 21 years of age.

If your state of licensure is not listed, please do not proceed with this application. You will need to apply for an associate broker 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 equivalent broker license in your primary state. 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 equivalent 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.

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.

INSTRUCTIONS

1. The application responses must either be typed or printed in blue or black ink.
2. For currently licensed Pennsylvania brokers, you do not need to submit the exam results, a state police background check or the broker recommendations. If you are an associate broker, upon issuance of your sole proprietor broker's license, your associate broker's license will become inactive.
3. Members of a real estate association or organization may use a name that connotes membership in the association/organization, provided that membership is continued.
4. If you are practicing under a fictitious name, that name must first be registered with the Pennsylvania Corporation Bureau. Questions about fictitious names should be directed to the 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:**
Application fees are non-refundable and non-transferable. Initial Licensure \$169.50 – Includes \$94.50 licensure fee and \$75.00 application fee.
 - Real Estate Recovery Fund Fee - If you have **NEVER** been issued a Pennsylvania Real Estate License please add \$10 to the total fee due = \$179.50
 - 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.

- Criminal Background Check completed by the State Police where the applicant resides and dated within 90 days of the date this application is received in the Commission office.**
 - **If you have a current Pennsylvania license, it is not necessary for you to obtain a background check.**
 - If you reside in Pennsylvania, background checks may be obtained online at: <https://epatch.state.pa.us>
 - If you reside outside of Pennsylvania, you must obtain a background check from the State Police in that state.
 - The background check must contain the Applicant's **date of birth and social security number.**
 - The background check must either state "**No Record**" or "**Record Exists.**" Background checks that reflect "**Pending**" "**Under Review,**" or "**Under Request**" cannot be submitted. Questions regarding the status of a background check must be directed to the State Police.
 - If "**Record Exists**"—submit **originals** of the following for EACH conviction:
 - The conviction summary information provided by the State Police;
 - Certified copies of court documents;
 - Letter from the probation office, dated within 90 days, indicating current probationary status/completion date;
 - Police incident reports;
 - Employment History (resume);
 - Detailed description (in applicant's words) of the circumstances surrounding the conviction, the basis for the conviction and the disposition of the conviction;
 - A signed and dated reference letter from the employing broker, on the company's letterhead, indicating that the broker is aware of all conviction(s) and is willing to hire the applicant;
 - Two signed and dated character references from individuals who are not related to or residing with the applicant.

- ❑ **Photocopy of the Pennsylvania Corporation Bureau-approved Fictitious Name Registration (if applicable)** - Fictitious names may not be false, misleading, or deceptive.
- ❑ **Certification of Licensure** - Accompanying this application must be a Certification of Licensure or Letter of Good Standing from the state where you passed the real estate broker licensure examination and that has a reciprocal agreement with this Commission. The Certificate/Letter MUST be dated within 90 days of the date this application is received in the Commission office.
- ❑ **Bank Escrow Verification Letter** - Sole proprietorships must have an escrow account, regardless of whether the account will be used. The broker must be an authorized signatory on the account. Applicants must submit an original letter from their bank verifying the entity name and identifying authorized signatories on the account.
- ❑ **Documentation regarding discipline (if applicable)**

PROCESSING INFORMATION

- You should maintain a copy of this application until a license 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 A LICENSE HAS BEEN ISSUED

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



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 SOLE PROPRIETOR-RECIPROCAL LICENSE APPLICATION

1. Applicant's Legal Name: _____

2. Applicant's Trade Name: _____

3. Applicant's Office Address: _____
(Street)

(City) (State) (Zip)

4. Applicant's Home Address: _____
(Street)

(City) (State) (Zip)

5. Applicant'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.

6. Applicant's Social Security Number: ____ - ____ - _____

7. Applicant's Date of Birth: ____ / ____ / _____

8. Office Phone Number: (____) _____ - _____

9. Phone Number where the Broker can be contacted directly: (____) _____ - _____

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

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

APPLICANT BACKGROUND INFORMATION:

16. 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

17. If you answered yes to the above question, please provide the profession and state or jurisdiction. Please do not abbreviate the profession. _____
18. 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
19. 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
20. 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
21. Have you 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
22. Do you 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 to the Commission office.

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)