



**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](http://www.dos.pa.gov/estate)

**REACTIVATION APPLICATION:  
REAL ESTATE SALESPERSONS – CAMPGROUND MEMBERSHIP – TIMESHARE SALESPERSONS  
BUILDER-OWNER SALESPERSON –CEMETERY SALESPERSON – ASSOCIATE BROKER –  
CEMETERY ASSOCIATE BROKER  
STANDARD AND RECIPROCAL LICENSEES**

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

This application is for licensees whose license has passed the expiration date. If your license has not passed the expiration date, even if it is currently inactive, please submit a change of employer application.

Failing to answer any questions or providing false answers may delay the reactivation of a license or result in disciplinary action once the license is reactivated.

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.

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](mailto:ra-realestate@pa.gov) to your Contacts so that you do not miss vital communications regarding your license.**

**To reactivate a reciprocal license, you must meet both of the following requirements:**

1. Hold a current, active equivalent license in another state, having been so obtained by examination in a state that has entered into a reciprocal agreement with this Commission AND
2. Your principal place of business is in a state that has entered into a reciprocal agreement with this Commission.

You must maintain a current license in your primary state in order to renew your reciprocal Pennsylvania license. 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 by passing the state portion of the Real Estate Examination (if applicable) and completing an application for initial licensure as a standard licensee.

**To reactivate a standard Builder-Owner Salesperson, Real Estate Salesperson or Associate Broker license, please be aware of the following:**

Per Section 501(b) of the Real Estate Licensing and Registration Act, "Any person who remains inactive for a period of five years without renewing his license shall, prior to having a license reissued to him, submit to and pass the examination pertinent to the license for which the person is reapplying". This means that if your license is currently inactive or expired, you have five years from the date of inactivity or expiration (whichever is earlier) to reactivate your license without taking the licensing examinations.

Your complete, correct application for reactivation must be received in our office before your five-year deadline. A complete application includes the reactivation fee and continuing education certificates. Applications will not be considered complete if they are faxed or emailed, as a fee cannot be submitted in this manner.

Any application that contains errors that require additional information or corrections before it is approved will be considered an incorrect application, and you may be required to re-take the examinations, regardless of whether your original reactivation application was submitted prior to your five-year deadline.

**INSTRUCTIONS**

1. The application responses must either be typed or printed in blue or black ink.
2. Broker Information - Use the name, address, and license number exactly as it appears on the broker's license. 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.

**APPLICATION CHECKLIST**

Attach the following documents to this application:

- Check or money order made payable to the Commonwealth of Pennsylvania in the amount of:**
  - **\$116.00** + \$5.00/MONTH LATE FEE (IF APPLICABLE)
  - The applicant must disclose whether he/she engaged in real estate activity while the license was expired. An additional \$5.00 per month must be paid for each month the applicant practiced on an expired license. IF THE APPLICANT DID NOT PRACTICE AFTER THE LICENSE EXPIRED, NO LATE FEE IS DUE.
  - Application fees are NON-REFUNDABLE regardless of whether a license is successfully reactivated. A \$20.00 processing fee will be charged for any returned unpaid check.

- ❑ **Continuing Education Transcripts – REAL ESTATE SALESPERSON STANDARD LICENSEES AND ASSOCIATE BROKER STANDARD LICENSEES ONLY – If your license was expired or inactive for less than 5 years,** official transcripts must be submitted, showing 14 hours of Commission-approved continuing education courses taken within the 2 years immediately prior to the date this application is submitted.  
**\*Courses used to reactivate a license may not be reused to renew the license at renewal time.** An additional 14 hours of continuing education will be required to renew your license.
- ❑ **Examination notices from the testing service (if applicable) – REAL ESTATE SALESPERSON STANDARD, BUILDER-OWNER SALESPERSONS, AND ASSOCIATE BROKER ONLY –** If this license has been expired or inactive for 5 or more years, and you do not hold another current Pennsylvania license, you must take and pass the licensure examination prior to applying for reactivation. Attach the original notices dated within 3 years, evidencing a passing grade on both portions UNLESS you are licensed in another state. In that case, you only need to submit evidence of passing the state portion of the examination.
- ❑ **Certification of Licensure/Letter of Good Standing –**
  - **RECIPROCAL LICENSEES** – Accompanying this application **must** be a Certification of Licensure or Letter of Good Standing from the state where you passed the real estate licensure examination and that has a reciprocal agreement with this Commission.
  - **STANDARD LICENSEES** – If you hold a current license from another state, or have been licensed within the last 5 years in another state AND your Pennsylvania license was inactive for more than 5 years, a Certification of Licensure or Letter of Good Standing can be submitted in lieu of scores for the national portion of the examination, provided you passed the national portion of the examination in the other state. (DOES NOT APPLY TO CEMETERY SALESPERSONS)
  - The Certificate/Letter **MUST** be dated within 90 days of the date this application is received in the Commission office.
- ❑ **Documentation regarding discipline (if applicable).**

#### **PROCESSING INFORMATION**

- Licenses are mailed to the employing broker's main office address.
- Please see the Commission's website [www.dos.pa.gov/estate](http://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](http://www.pals.pa.gov).

**YOU MAY NOT PRACTICE UNTIL THE COMMISSION REACTIVATES YOUR LICENSE**



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

1. Applicant’s License Number: \_\_\_\_\_

2. Applicant’s Legal Name: \_\_\_\_\_

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: \_\_\_\_\_

**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](mailto:ra-realestate@pa.gov) to your Contacts so that you do not miss vital communications regarding your license.**

9. Have you provided real estate services while the license was expired?  
 No  Yes – When: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**BROKER’S INFORMATION AS IT APPEARS ON THEIR LICENSE**

10. Employer’s Office Name: \_\_\_\_\_

11. Employer’s Office Address: \_\_\_\_\_  
\_\_\_\_\_

12. Employer’s License Number: \_\_\_\_\_

**APPLICANT BACKGROUND INFORMATION:**

13. 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

14. If you answered yes to the above question, please provide the profession \_\_\_\_\_ and state or jurisdiction \_\_\_\_\_. Please do not abbreviate.

- 15. 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
- 16. 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
- 17. 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](http://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.

\_\_\_\_\_  
(Broker/Builder-Owner'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)