## **VERIFICATION OF LICENSE -- REAL ESTATE**

PART I. TO BE COMPLE	TED BY A	PPLICANT			
B. Applic C. Upon applica Licens	ant to send receipt of c ation(s) and e form is re	polete information in Part I only. this form to out-of-state licen- completed form from the out-of submit to Licensing Branch. F quired to be submitted if appli IGINAL ONLY - FAX AND PHO	sing agency to complete Part I -state agency, applicant to att lease note that only one (1) co cant is submitting multiple app	ach completed form to ompleted Verification dications at the same time	
Applicant's Name (First, Middle) (LAST)			Type of License held:		
Mailing Address (include apt.	no city eta	te & zin code)	SALESPERSON	BROKER	
Mailing Address (include apt.	no., city, ste	te & zip code/			
			License Number	Date Licensed	
PART II. TO BE COMPL	ETED BY (	OUT-OF-STATE LICENSING	AGENCY		
The above-named person if form back to the above-na		for a real estate exam in Hawa n.	ii. Please supply the following	information, and mail this	6
Circle Type of License	Has disc	iplinary action ever been taken aga	ainst the license?	YES	NO
Issued:	Are ther	e any pending disciplinary actions?	)	YES	NO
SALESPERSON		e any conditions currently placed o			NO
BROKER			on this license:	1E3	NO
	If yes, p	ease explain:			
Date Licensed	Is the lic	s the license current and active? (not forfeited, escrowed, or inactive)			
	If not ac	tive and current, date license expi	red, forfeited or placed inactive: _		_
Expiration Date	Who pla	ced the license on inactive/expired	status?		
1a) Was there a pre-licen	se education	al requirement at the time applican	t was licensed?	YES	NO
b) If yes, what was requ	uirement?	hours.			
2 Did the person name	d above fulfil	the pre-license educational requir	ement?	YES	NO
		quirement or a portion of the pre-l			NO
		nse educational requirement was	·		NO
	uirement:	noo oaasaasaan oqaasaan on o	Waived due		
4a) Did the applicant pas	s the uniform	portion of the salesperson (or equ	uvalent) examination in your state	? YFS	. NO
			•		
		portion of the broker (or equivale		YES	NO
b) If yes, please provide	the date: _				
Name of Out of at 1		0:		Dete	
Name of Out-of-state Agency		Signature		Date	
Address of Out-of-state Agen	су	Name & Title			