APPLICATION FOR EXPERIENCE CERTIFICATE - REAL ESTATE BROKER Access this form via website at: www.hawaii.gov/hirec READ THE ATTACHED INSTRUCTIONS! Applicants are subject to requirements, forms, and fees in effect at time of filing. Compete and submit with the \$50 non-refundable application fee. Submit ORIGINAL only - FAX and PHOTOCOPY will not be accepted			USE	APPROVED DENIED	Initials/Date:
Legal Name (First, Middle) (LAST) Mailing Address (include apt. no., city, state & zip code)		code)	FOR OFFICE I		
Hawaii License No. RS-	Phone No. (days):	Social Security No.:	-		

CHECK YOUR RESPONSES TO THE FOLLOWING QUESTIONS:

1.	Have you ever applied for a real estate broker's license in Hawaii?
2.	Have you ever applied for a broker's experience certificate in Hawaii?
3.	Have you been a full-time Hawaii licensed salesperson for at least three years of the five-year period immediately prior to the submission of this application?

- a. If NO, you must request an equivalency for part of the experience based on one of the prescribed categories. (see Instructions, "Requirements for Equivalency for Experience in Another State")
 b. Have you attached the prescribed documents for the category you are requesting?
- b. Have you attached the prescribed documents for the category you are requesting?..... LI YES

Provide the information requested below for ALL employers, including non-real estate employers, for the 5 years immediately preceding the date of this application. Attach a separate sheet if necessary.

Name of Employer/Business	Address	Position Held with this Employer/Business	Hrs Weekly	Employment Date	Termination Date
1.					
2.					
3.					
4.					
5.					

CERTIFICATION: I understand that it is my responsibility to read the instructions thoroughly, file a complete application, and submit the required documents and fees in sufficient time to be reviewed and decided upon prior to registering for the broker's examination. I understand that any experience during a period that my real estate salesperson's license was inactive (whether voluntary or involuntary), forfeited, suspended, revoked, or terminated will not be recognized.

I hereby certify that the information provided in this application and the documents attached are true and correct, and that I will provide verifying documents upon request by the commission. I understand that falsification of information, any material misstatement of fact, or forgery is grounds for refusal or disciplinary action.

Date:

Signature of Applicant

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.