<b>VERIFICATION OF L</b>	ICENSE	REAL	<b>ESTATE</b>
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PART I. TO BE COMPLETE	PART I. TO BE COMPLETED BY APPLICANT							
C. Upon reco applicatio	to send this form to eipt of completed fo n(s) and submit to l	o out-of-state licensing agen orm from the out-of-state ag Licensing Branch. Please not	ency, applicant to attach te that only one (1) comp	leted Verification				
		e submitted if applicant is su .Y - FAX AND PHOTOCOPY						
Applicant's Name (First, Middle)	(LAST)		Type of License held:					
Mailing Address (include apt. no., city, state & zip code		2)	SALESPERSON	BROKER				
				1				
			License Number	Date Licensed				
Email			*					
PART II. TO BE COMPLETED BY OUT-OF-STATE LICENSING AGENCY								
The above-named person is a form back to the above-name		tate exam in Hawaii. Please	supply the following info	prmation, and mail this				
Circle Type of License Has disciplinary action ever been taken against the license?					NO			
Issued: SALESPERSON	Are there any pending disciplinary actions?YES N							
	Are there any conditions currently placed on this license?							
BROKER	If yes, please explain:	:						
Date Licensed	Is the license current and active? (not forfeited, escrowed, or inactive)							
If not active and current, date license expired, forfeited or placed inactive:								
Expiration Date Who placed the license on inactive/expired status?								
1a) Was there a pre-license e	ducational requiremen	It at the time applicant was lice	nsed?	YES	NO			
b) If yes, what was requirer	ment?	hours.						
2 Did the person named above fulfill the pre-license educational requirement?								
3a) Was the pre-license educational requirement or a portion of the pre-license educational requirement waived?								
b) If yes, what portion of the pre-license educational requirement was waived and what was submitted in lieu of the requirement?								
Require	ement:		<u>Waived due to:</u>					
4a) Did the applicant pass the uniform portion of the salesperson (or equivalent) examination in your state?								
b) If yes, please provide the date:								
5a) Did the applicant pass the uniform portion of the broker (or equivalent) examination in your state?								
b) If yes, please provide the	e date:							
Name of Out-of-state Agency		Signature		Date				
Address of Out-of-state Agency Name & Title								

NOTE: FAILURE TO PROVIDE REQUESTED INFORMATION MAY RESULT IN THE CEASE PROCESSING OF YOUR APPLICATION(S).