EXPERIENCE CERTIFICATION STATEMENT

(To Be Completed By Principal Broker or Broker in Charge)
Submit **ORIGINAL** only - FAX and PHOTOCOPY **will not** be accepted

NAME OF BROKER ARRIVOANT	
NAME OF BROKER APPLICANT:	
1. Broker applicants must have experience as a <u>full-time</u> (averaging a for part-time real estate salesperson activity) licensed real estate broker for <u>at least three (3) years of the five-year period immore certificate application</u> , and have practical real estate salesperson exapplicant's license was inactive, forfeited, suspended, revoked, or to the salesperson of the salesperson exapplicant.	estate salesperson associated with a licensed real rediately prior to the submission of the broker experience reperience. No credit is given for periods during which the
2. Section 16-99-3(q), Hawaii Administrative Rules (HAR), requires accurate experience certification statement.	s a principal broker or broker in charge to provide an
Within ten days of receiving a written request, it shall be the rethe brokerage firm to provide broker applicants formerly or paccurate experience certification statement in the form provide the broker applicant has been actively associated with or en information contained in the certification shall be cause for revolutions and of the salesperson's license if that person is a party	resently employed by or associated with them with an ed by the commission attesting to the length of time that apployed full-time by the brokerage firm. Falsification of ocation or suspension of the broker's or brokerage firm's
3. This form is in two parts. In Part I, provide current information completing this form. In Part II, provide information about the broken	
4. Type or print all information in black ink. Fill in all blanks. Sign an forms will not be accepted.	d return to the broker applicant. Incomplete or unsigned
PART I. PRINCIPAL BROKER OR BROKER IN CHARGE COMPLETING TH	IS STATEMENT:
Name:	License No.: RB -
Name: Current Brokerage Firm:	
	License No.: RB License No.: RB Telephone No.:
Current Brokerage Firm:	License No.: RB Telephone No.: s associated with the brokerage firm indicated below for the brokerage firm during the period, or I am the current
Current Brokerage Firm: Address of Brokerage Firm: PART II. PERIOD COVERED BY THIS STATEMENT. The applicant was the stated period. I was the principal broker or broker in charge of the stated period.	License No.: RB Telephone No.: s associated with the brokerage firm indicated below for the brokerage firm during the period, or I am the current
Current Brokerage Firm: Address of Brokerage Firm: PART II. PERIOD COVERED BY THIS STATEMENT. The applicant was the stated period. I was the principal broker or broker in charge of the principal broker or broker in charge of the brokerage firm and have reco	License No.: RB Telephone No.: associated with the brokerage firm indicated below for the brokerage firm during the period, or I am the current the rds to verify the information provided below.
Current Brokerage Firm: Address of Brokerage Firm: PART II. PERIOD COVERED BY THIS STATEMENT. The applicant was the stated period. I was the principal broker or broker in charge of the principal broker or broker in charge of the brokerage firm and have reconversed Covered: From (month/day/year):	License No.: RB Telephone No.: associated with the brokerage firm indicated below for the brokerage firm during the period, or I am the current that to verify the information provided below. To (month/day/year): License No.: RB state
Current Brokerage Firm: Address of Brokerage Firm: PART II. PERIOD COVERED BY THIS STATEMENT. The applicant was the stated period. I was the principal broker or broker in charge of the principal broker or broker in charge of the brokerage firm and have reconversed Covered: From (month/day/year): Name of Brokerage Firm: NUMBER OF WEEKS the applicant devoted 40 hours per week to real experience.	License No.: RB Telephone No.: associated with the brokerage firm indicated below for the brokerage firm during the period, or I am the current that to verify the information provided below. To (month/day/year): License No.: RB state

Date

Signature of Applicant

Date

Signature of Principal Broker or Broker in Charge