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 \$75 non-refundable application fee. Submit ORIGINAL only - FAX and PHOTOCOPY will not be accepted					APPROVED Initials/Date:  DENIED Date Cert. Sent:			
Legal Name (First, Middle) (LAST)			USE					
			OFFICE U					
Mailing Address (include apt. no., city, state & zip code)								
Email								
Hawaii License No. Phone No. (d	ne No. (days): Social Security No.:							
RS-								
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?								
<ul> <li>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")</li> <li>b. Have you attached the prescribed documents for the category you are requesting?</li></ul>								
Provide the information requested be the date of this application. Attach a			state e	employer	s, for the	5 years immedia	ately preceding	
Name of Employer/Business	Addre	Position Held with this Address Employer/Busines		iis	Hrs Weekly	Employment Date	Termination Date	
1.								
2.								
3.								
4.								
5.								
CERTIFICATION: I understand that the required documents and fees in sunderstand that any experience during involuntary), forfeited, suspended, really likely	sufficient time to be ng a period that my evoked, or terminate ormation provided in n request by the co	reviewed and decided up real estate salesperson's d will not be recognized. this application and the mmission. I understand t	pon pi licens docui	rior to resee was in	gistering t nactive (w tached ar	for the broker's whether voluntary e true and corre	examination. I y or ct, and that I	
Date:								
This material can be made available for individuals with special needs. Please					Signature of Applicant  App			
call the Licensing Branch Manager at (808) 586-3000 to submit your request.  BE 161010							\$25	