

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 application fee.

Submit **ORIGINAL** only - FAX and PHOTOCOPY **will not** be accepted

APPROVED Initials/Date: _____

DENIED Date Cert. Sent: _____

Legal Name (First, Middle)		(LAST)
Other Names Used (Including maiden name)		
Mailing Address (include apt. no., city, state & zip code)		
Email:		
Date of Birth:		
Hawaii License No. RS-	Phone No. (days):	Social Security No.:

FOR OFFICE USE

CHECK YOUR RESPONSES TO THE FOLLOWING QUESTIONS:

1. Have you ever applied for a real estate broker's license in Hawaii?..... YES NO
If YES, when? _____
2. Have you ever applied for a broker's experience certificate in Hawaii?..... YES NO
If YES, when? _____
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? YES NO
 - 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") YES NO
 - b. Have you attached the prescribed documents for the category you are requesting?..... YES NO

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.					

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.

App 580..... \$50
905..... \$25
Service Charge BCF..... \$25