VERIFICATION OF LICENSE FOR CONTINUING EDUCATION EQUIVALENCY -- REAL ESTATE

PART I. TO BE COMPLETI	ED B	Y APPLICAN	Т				
C. Upon red	t to s ceipt (end this form to of completed f	to out-of-state lic	censing ager t-of-state ag	ncy to complete Part II gency, applicant to atta uired fee.)
Applicant's Name (First, Middle) (LAST)		(LAST)			Type of License held:		
Mailing Address (include apt. no., city, state & zip co			ie)		SALESPERSON	BROKER	
					License Number	Date Licensed	
PART II. TO BE COMPLET The above-named person is a	applyi	ing for a real es	state continuing	education e		Please supply the follo	owing
information, and mail this for Circle Type of License	rm ba 1.				onditions or disciplinary ac	ctions	
Issued:		attached to the license)?YES NO					
SALESPERSON BROKER		If no, please ex					
	2)	Has disciplinary	action ever been t	aken against	the license?	YES	NO
Date Licensed	3)	If yes, please ex		actions?		YES	NO
		If yes, please ex	xplain:				
Expiration Date							
	4a)	Is there a contin	nuing education req	juirement?		YES	S NO
	b)	If yes, what is t	the requirement? _	hours.			
	5)	Did the person		, ,	olete the continuing educa		S NO
Name of Out-of-state Agency			Signature			Date	
Address of Out-of-state Agency			Name & Title				