

**VERIFICATION OF LICENSE FOR CONTINUING EDUCATION EQUIVALENCY -- REAL ESTATE**

**PART I. TO BE COMPLETED BY APPLICANT**

*INSTRUCTIONS: A. Applicant to complete information in Part I only.  
 B. Applicant to send this form to out-of-state licensing agency to complete Part II.  
 C. Upon receipt of completed form from the out-of-state agency, applicant to attach completed form to application and submit to Licensing Branch with the required fee.*

Applicant's Name (First, Middle)	(LAST)	Type of License held:	
Mailing Address (include apt. no., city, state & zip code)		<input type="checkbox"/> SALESPERSON	<input type="checkbox"/> BROKER
		License Number	Date Licensed

**PART II. TO BE COMPLETED BY OUT-OF-STATE LICENSING AGENCY**

*The above-named person is applying for a real estate continuing education equivalency in Hawaii. Please supply the following information, and mail this form back to the above-named person.*

Circle Type of License Issued:  SALESPERSON   BROKER	1. Is the license current and unencumbered (no conditions or disciplinary actions attached to the license)? .....YES NO  If no, please explain:
Date Licensed	2) Has disciplinary action ever been taken against the license? .....YES NO  If yes, please explain:
Expiration Date	3) Are there any pending disciplinary actions? ..... YES NO  If yes, please explain:
	4a) Is there a continuing education requirement? ..... YES NO b) If yes, what is the requirement? ____ hours.
	5) Did the person named above successfully complete the continuing education requirement? ..... YES NO

Name of Out-of-state Agency	Signature	Date
-----------------------------	-----------	------

Address of Out-of-state Agency	Name & Title
--------------------------------	--------------