



State of Rhode Island and Providence Plantations  
DEPARTMENT OF BUSINESS REGULATION  
1511 Pontiac Avenue, Bldg. 69-1  
Cranston, Rhode Island 02920

Division of Commercial Licensing  
Real Estate Section

**REQUIREMENTS FOR REAL ESTATE BROKER APPLICANTS**

All candidates applying for a Real Estate Broker's license **must first contact Pearson VUE** at (800) 274-8922 or by visiting their website at [www.pearsonvue.com](http://www.pearsonvue.com), to schedule an examination. The examination must be taken **before** submitting an application to the Department of Business Regulation (DBR), Division of Commercial Licensing, Real Estate Section. All licenses expire biennially (every two years) on even years.

**A Real Estate Broker applicant must meet the following conditions:**

- Have two years of full time experience as a Real Estate Salesperson, validated by the employing broker, **and;**
- Have completed ninety (90) hours of approved classroom study (an approved Real Estate Pre-Licensing and Continuing Education Course List can be found on the DBR website at [www.dbr.ri.gov](http://www.dbr.ri.gov)).

**Upon successfully passing the examination, candidates must submit the following:**

- The Original Test Score Report from Pearson VUE, both pages
- A completed Real Estate Broker Application
- A Criminal History Record (CHR) from the Rhode Island Department of the Attorney General located at 4 Howard Avenue, Cranston, RI 02920. Hours of operation are 8:30 am to 4:30 pm. For further questions about this process, you may contact the DAG at (401) 274-4400.
- A Lead Poisoning/Lead Hazard Mitigation Certificate of Completion for three (3) hours
- A Certificate of Errors and Omissions Insurance

**In addition to the above required documentation, Non-resident applicants ONLY, must also provide:**

- A CHR or CORI from the home state law enforcement agency
- An irrevocable Power of Attorney Form for service of process (included in application package)

**FEES: Remit TWO separate Checks or Money Orders**

- 1<sup>st</sup> Check - Applying on or after May 1<sup>st</sup> of an odd numbered year, submit \$95, payable to the "RI General Treasurer", **OR;** Applying on or after May 1<sup>st</sup> of an even numbered year, submit \$180, payable to the "RI General Treasurer"  
**AND;**
- 2<sup>nd</sup> Check - \$25, payable to the "Real Estate Recovery Account."



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**REAL ESTATE BROKER APPLICATION**

Please print or type. Incomplete applications will be returned. Please allow 7-10 business days for processing.

1. APPLICANT INFORMATION			
Name:		SSN:	
Date of Birth:	Age:	Legal Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residential Address:			
City:	State:	Zip Code:	
Phone Number:	Email Address:		
Present Occupation:			
Have you ever been refused a real estate broker's or salesperson's license in this or any other state?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever had any real estate license suspended or revoked?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of, or plead guilty or nolo contendere to forgery, embezzlement, obtaining money under false pretenses, bribery, larceny, extortion, conspiracy to defraud, or any other offenses of any type which would reasonably cause the Department to question your honesty, trustworthiness, integrity, good reputation or competency? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. EMPLOYMENT INFORMATION			
Agency Name:		Phone Number:	
Address:			
City:	State:	Zip Code:	
Will you be the Principal Broker of the Agency listed above?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Principal Broker Name:		RI License No.:	
<p>I, _____ certify that the applicant has been employed full time as a Real Estate  <i>Real Estate Broker (Print)</i>  Salesperson for the past two years, and in my opinion, is competent and trustworthy and is recommended as a suitable person to be granted a broker's license.</p> <p align="center">_____</p> <p align="center">Real Estate Broker Signature <span style="float: right;">_____</span>  <span style="float: right;">Date of Signature (MM/DD/YY)</span></p>			
3. RECOMMENDATIONS			
R.I.G.L requires recommendations from three (3) Rhode Island residents who have known the applicant for three (3) years and are not related to the applicant and will attest that the applicant bears a good reputation for honesty and trustworthiness and would recommend that a license be granted to the applicant.			
Name:	Email:		
Name:	Email:		
Name:	Email:		

#### 4. AFFIDAVIT(S) & SIGNATURE

##### Tax Payer Status Affidavit

Pursuant to R.I. Gen. Laws, Chapter 5-79, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due to the state, or must have entered into a written agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

Have you filed all required Rhode Island State tax returns, and have you paid all taxes owed?  Yes  No

##### Affidavit of Application

I swear, under penalty of perjury that the information provided in connection with this application is true to the best of my knowledge, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny licensure by the Rhode Island Department of Business Regulation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature (MM/DD/YY)

#### 5. POWER OF ATTORNEY (Non-Residents ONLY)

I, \_\_\_\_\_, having applied to be licensed as a non-resident real estate broker in the State of Rhode Island, do hereby irrevocably appoint the Director of the Department of Business Regulation, his successor or successors, as my lawful attorney, upon whom all lawful process in any action or legal proceeding against me may be served in like manner and with the same legal force and effect as if I had been lawfully served with said process. As such, I do hereby authorize said attorney to receive and accept service of process, pursuant to the provisions of R.I. Gen. Laws § 5-20.5-10(d).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature (MM/DD/YY)

#### OFFICE USE ONLY

	Date
Date application was received:	
90 Hours of Education Received:	
Pearson VUE Test Score Report:	
Lead Poisoning/Lead Hazard Course Received:	
Errors and Omissions Insurance Received:	
CHR Received:	
License #.:	
Approval:	
Expiration:	