STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Business Regulation
DIVISION OF COMMERCIAL LICENSING AND
RACING AND ATHLETICS
Real Estate Division
John O. Pastore Center
1511 Pontiac Avenue Bldg. 69-1
Cranston, RI 02920-0942

Tele: (401) 462-9512 Fax: (401) 462-9645
TDD: 711 www.dbr.ri.gov

REQUIREMENTS FOR A
REAL ESTATE BROKER LICENSE
(RHODE ISLAND RESIDENTS AND NON-RESIDENTS)

The following Requirements apply to Rhode Island Residents and Non-residents.
For Non-residents who reside in Connecticut or Massachusetts, and currently have a
Real Estate Broker License, see Non-resident / Reciprocal Requirements.

**Rhode Island Attorneys are Exempt from taking the Examination, but are subject to Continuing
Education Requirements**

Candidates of legal age (18 years of age) for a Real Estate Broker’s license must contact Pearson VUE to
schedule an examination by:
- Calling Pearson VUE at: (800) 274-8922 or, visiting their website: www.pearsonvue.com
- Faxing the Fax Reservation Form (from Appendix) to (888) 204-6291

The following is a list in order, to obtain a Broker’s License in the State of Rhode Island.
- **Two-Years Experience as a Salesperson**, which consists of the 45 hours of pre-licensing and
  salesperson examination, (a statement under oath by the employing broker is acceptable), unless you
  have a Bachelors Degree in Real Estate, in which case the two year experience requirement, will be
  waived. OR;
- **Complete Ninety (90) hours of pre-licensing courses in subjects related to Real Estate** from an
  accredited college, university, or proprietary school, that is licensed by the State of Rhode Island, which
  is currently listed under the heading “Education” on the Department’s website; (this educational
  requirement is in addition to the 45 hour sales pre-licensing classroom hours)
- **The Original Test Score Report** from Pearson VUE, both pages;
- **Completed Real Estate Broker Application**, (Available on our website at www.dbr.ri.gov);
- **Criminal History Record** (CHR) from the Rhode Island Attorney General’s office and your home state if
  not a Rhode Island resident;
- **Non-Residents** must file an irrevocable **Power of Attorney Form** for service of process. (Available on
  our website at www.dbr.ri.gov);
- **Evidence of successful completion** of a three-hour course in Lead Poisoning/Lead Hazard Mitigation;
- **Evidence of successful completion** of three hours of New Agency Law, unless included in curriculum of
  either 45 or 90 hours of pre-licensing education;
- A **Certificate of Errors and Omissions Insurance**; and
- A **Tax Payer Status Affidavit / Identity Verification**.
Please submit TWO CHECKS as follows:

- $95.00, payable to the “Rhode Island General Treasurer” - For licenses issued on or after May 1, of odd-numbered years, through April 30, of even-numbered years – (this includes the $10.00 Application Fee and $85.00 License Fee); AND,
- $25.00 payable to the “Real Estate Recovery Account”;
  OR,
- $180.00, payable to the “Rhode Island General Treasurer” - For licenses issued on or after May 1, of even-numbered years, through April 30, of odd-numbered years – (this includes the $10.00 Application Fee and $170.00 License Fee); AND,
- $25.00 payable to the “Real Estate Recovery Account”.

Applications must be completely filled out with all required signatures, and properly notarized where required. All supporting documents and fees must be included when submitted.

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT, DELAYING THE LICENSING PROCESS.

*All licenses expire on April 30 of even-numbered years.

There is no pro-rating of fees.

The Department of Business Regulation has a 24-hour continuing education requirement that is due before license renewal.
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FOR OFFICE USE ONLY
LICENSE NUMBER

INCOMPLETE APPLICATIONS WILL BE RETURNED.

REAL ESTATE BROKER APPLICATION

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<td>1. Name of Applicant:</td>
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<td>2. Date of Birth</td>
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<td>3. Age</td>
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<td>4. Legal Resident</td>
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<td>Yes □ No □</td>
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<td>6. Telephone Number:</td>
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<td>7. Email Address:</td>
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<td>8. Social Security Number:</td>
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<td>9. Present Occupation:</td>
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<td>10. Real Estate Agency Name &amp; Address: Street / City / Town</td>
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<td>State Zip Code</td>
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<td>11. Principal Broker’s Name: License Number:</td>
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<td>OR;</td>
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<td>Will you be the Principal Broker of the Agency mentioned in # 10 above? Yes □ No □</td>
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<td>12. Have you ever been refused a Real Estate Broker or Salesperson License by this State, or any other state? Yes □ No □</td>
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<td>13. Have you ever had a Real Estate Broker or Salesperson License Suspended or Revoked in this State, or any other state? Yes □ No □</td>
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<td>14. 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? Yes □ No □</td>
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**IF YOU ANSWERED "YES" TO QUESTIONS 12 - 14, ATTACH A FULL EXPLANATION.**

15. Occupations Engaged in During the Past Five Years:

16. Attach Official Certificates of all Educational Courses on Real Estate successfully completed as defined in Rhode Island General Laws 5-20.5.19.
17. **NOTE:** Law requires recommendations of three (3) residents of Rhode Island who have known the applicant for at least 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 who will recommend that a license be issued to the applicant.

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**STATEMENT OF APPLICANT:**

I HEREBY AFFIRM THAT ALL ANSWERS ARE TRUE.

Signature of Applicant

Subscribed and Sworn at: (City and State)

BEFORE ME: ____________________________

Notary Public

DATE: ____________________________, 20__.
A Criminal History Record ("CHR") must be submitted to the Real Estate Section, Department of Business Regulation ("DBR"), Division of Commercial Licensing and Racing and Athletics, with each Real Estate Application. Processing an application is contingent upon the complete disposition, or results of any charges delineated or resolved prior to application submission. See instructions below to learn how to obtain your CHR.

INSTRUCTIONS

Applying in Person: A Criminal History Record may be obtained by visiting the Bureau of Criminal Identification at the Rhode Island Department of Attorney General ("DAG"). To apply for a CHR in this manner, bring a picture-identification, showing your date of birth.

Applying by Mail: To apply by mail, send a notarized copy of a photo ID, showing your date of birth, and a signed/notarized letter, giving permission to the DAG to conduct a background investigation, along with a self-addressed stamped envelope.

The cost for a CHR, whether applying in person or by mail, is five dollars ($5.00), and is payable by check or money order to the "BCI". Please allow time for the DAG to process and generate your request. For further questions about this process, you may contact the DAG at the phone number below.

If you reside in another state, supply a CHR from your home state, as well as one from Rhode Island.

Contact Information for the Department of Attorney General:
- 150 South Main Street, Providence, Rhode Island.
- Telephone Number: (401) 274-4400
- Hours of operation are 8:00 a.m. to 4:30 p.m.
Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by State law (RIGL 5-76) except as noted below.

In order to verify that the State is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Please return this affidavit along with your license application to: Rhode Island Department of Business Regulation, 1511 Pontiac Avenue, Cranston, RI 02920.

Licensee Declaration

☐ I hereby declare, under penalty of perjury, that I have filed all required State tax returns and have paid all taxes owed.

☐ I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.

☐ I am currently pursuing administrative review of taxes owed to the State.

☐ I am in Federal Bankruptcy.  (Case #: ____________________________ )

☐ I am in State Receivership.  (Case #: ____________________________ )

☐ I have been discharged from Bankruptcy.  (Case #: ____________________________ )

Type of Professional License for which you are applying: ____________________________

Full Name: (Please Print or Type)  Social Security Number: (or FEIN if appropriate)

Signature: ____________________________

Phone Number (including area code): ____________________________

Date: ____________________________
State of Rhode Island and Providence Plantations

POWER OF ATTORNEY

Know All Men by These Presents,

That I, ........................................................., of ........................................................., in the
County of .................................................., and the State of ..........................................., having applied to be
licensed by the Real Estate Division of the Department of Business Regulation, of the State of Rhode Island and Providence
Plantations, to act as a real estate broker or salesperson in the State of Rhode Island, as provided by Chapter 83, Public Laws of Rhode
Island, 1959, as amended, do hereby make, constitute and appoint the Director of the Department of Business Regulation of the State
of Rhode Island and Providence Plantations, his successor or successors in office, my true and lawful attorney in and for the State of
Rhode Island and Providence Plantations, upon whom all lawful process in any action of 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 therein as provided by the laws of
the State of Rhode Island; and the said Director of the Director of the Department of Business Regulation, as such attorney, is hereby
authorized and empowered as my said agent to receive and accept service of any process, writ, summons, petition or order whereby
any suit, action, or proceeding shall be commenced against me; and I hereby stipulate and agree that any lawful process against me,
which is served on said Director of the Director of the Department of Business Regulation, shall have the same force and effect as if
served on me within the State of Rhode Island.

The Authority given in this appointment shall continue in force as long as any liability to any resident of this State remains unsatisfied.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this .......... day of .................................., 20........

.................................................................
Legal Signature

IN THE PRESENCE OF:

1. Witness ....................................................
2. Witness ....................................................

In the State of: ..................................................
County of: ....................................................
City of: ........................................................., in said County, on this ........ day of .................................., 20........
before me personally appeared .........................................................and acknowledged the foregoing instrument, by
him/her, sealed and subscribed, to be his/her free act and deed.

BEFORE ME ...........................................
(Notary Public)

My Commission Expires ........................................