



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/APPLICATION FOR RECIPROCAL REAL ESTATE  
SALESPERSONS**

The following requirements apply to Non-residents who reside in Connecticut or Massachusetts, who currently have a Real Estate Salesperson license in either state.

**Please submit the following:**

- A completed Real Estate Salesperson Application;
- A Criminal History Record (CHR) from the Rhode Island Department of the Attorney General's office, as well as a CHR from applicant's home state law enforcement agency.
- A Tax Payer Status Affidavit / Identity Verification;
- A Certificate of a three hour course in Lead Poisoning/Lead Hazard Mitigation (See Real Estate Pre-Licensing and Continuing Education Course List at [http://www.dbr.ri.gov/documents/divisions/commlicensing/realestate/RE-CE\\_Course\\_List.pdf](http://www.dbr.ri.gov/documents/divisions/commlicensing/realestate/RE-CE_Course_List.pdf));
- A Certificate of Errors and Omissions Insurance;
- A Certificate of Licensure/Letter of Good Standing from home state's licensing authority.
- An irrevocable Power of Attorney Form for service of process.

**Please submit TWO CHECKS as follows:**

- **\$75.00, payable to the "Rhode Island General Treasurer"**- For licenses issued on or after May 1, of odd-numbered years **AND, \$25.00 payable to the "Real Estate Recovery Account."**  
**OR;**
- **\$140.00, payable to the "Rhode Island General Treasurer"** - For licenses issued on or after May 1, of even-numbered years **AND, \$25.00 payable to the "Real Estate Recovery Account."**

**\*All licenses expire on April 30 of even-numbered years. (There is no pro-rating of fees). Non-resident / Reciprocal applicants are exempt from the required Rhode Island continuing education as long as they maintain their home state continuing education requirements.**



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**CRIMINAL HISTORY RECORD SUBMISSION REQUIREMENTS**

**FOR BROKER AND SALESPERSON APPLICANTS**

**A Criminal History Record (“CHR”) must be submitted to the Real Estate Section of the Department of Business Regulation (“DBR”), Division of Commercial Licensing with each Real Estate Application. Processing applications 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.

**Mail to: Department of the Attorney General**  
4 Howard Avenue  
Cranston, Rhode Island, 02920

**Hours of operation are 8:30 am to 4:30 pm.**

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 (401) 274-4400.

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



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<p><i>FOR OFFICE USE ONLY</i> LICENSE NUMBER</p>
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**RECIPROCAL REAL ESTATE SALESPERSON APPLICATION**

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

1. Name of Applicant:	2. Date of Birth	3. Age	4. Legal resident Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Residential Address:	City / Town	State	Zip Code
6. Telephone Number:	7. Email Address:	8. Social Security Number:	
9. Present Occupation:			
10. Real Estate Agency Name & Address:		Street / City / Town:	State: Zip Code:
Telephone Number:			
11. Principal Broker's Name and Rhode Island License Number:			
12. Have you ever been refused a Real Estate Broker or Salesperson license in this state or any other state? Yes <input type="checkbox"/> No <input type="checkbox"/>			
13. Have you ever had a Real Estate Broker or Salesperson license suspended or revoked in this state or any other state? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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 <input type="checkbox"/> No <input type="checkbox"/>			
<p><b><i>IF YOU ANSWERED "YES" TO QUESTIONS 12 - 14, ATTACH A FULL EXPLANATION.</i></b></p>			
15. Occupations engaged in during the past five years:			

**STATEMENT OF LICENSED REAL ESTATE PRINCIPAL BROKER**

Being the Principal Broker of the agency mentioned below, I certify that the applicant, has applied for employment as a salesperson, and in my opinion, is competent and trustworthy, and is hereby recommended as a suitable person to be granted a Real Estate Salesperson's license.

Name of Agency: _____ Address: _____	Principal Broker's Rhode Island Lic. #
Principal Broker's Name: (PRINT) _____ Principal Broker's Signature: _____	

**STATEMENT OF APPLICANT**

I, the undersigned, 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 as a Real Estate Salesperson by the Rhode Island Department of Business Regulation.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## 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.

### 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 # \_\_\_\_\_)

\_\_\_\_\_  
Full Name (Please Print or Type)

\_\_\_\_\_  
Social Security Number (or FEIN for Business)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**POWER OF ATTORNEY**

I, \_\_\_\_\_, having applied to be licensed as a non-resident real estate salesperson 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 Title 5, Chapter 20.5-10(d), of the General Laws of Rhode Island, as amended.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before the undersigned authority in the State of \_\_\_\_\_,  
in the County of \_\_\_\_\_, on this \_\_\_\_\_, day of \_\_\_\_\_,  
20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_.