



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation
DIVISION OF COMMERCIAL LICENSING AND
RACING AND ATHLETICS

Real Estate Division
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FOR OFFICE USE ONLY
LICENSE NUMBER

REAL ESTATE SALESPERSON APPLICATION

PLEASE TYPE OR PRINT

Form with fields for: 1. NAME OF APPLICANT, 2. DATE OF BIRTH, 3. AGE, 4. LEGAL RESIDENT, 5. RESIDENTIAL ADDRESS, 6. TELEPHONE NO., 7. SOCIAL SECURITY NO., 8. AGENCY NAME & ADDRESS, 9. PRESENT OCCUPATION, 10. OCCUPATIONS ENGAGED IN DURING THE PAST FIVE YEARS, 11. LIST ALL EDUCATIONAL COURSES ON REAL ESTATE SUCCESSFULLY COMPLETED AS DEFINED IN RHODE ISLAND GENERAL LAWS 5-20.5.19 (ATTACH OFFICIAL TRANSCRIPT), 12. NOTE: LAW REQUIRES RECOMMENDATIONS OF THREE (3) CITIZENS OF THE UNITED STATES WHO HAVE BEEN PROPERTY OWNERS FOR AT LEAST THREE (3) YEARS AND WHO HAVE KNOWN THE APPLICANT FOR AT LEAST THREE (3) YEARS AND ARE NOT RELATED TO THE APPLICANT. Includes a declaration statement and three signature blocks.

**STATEMENT OF LICENSED REAL ESTATE BROKER**

I, **THE UNDERSIGNED** BEING A REAL ESTATE BROKER OF THE STATE OF RHODE ISLAND, CERTIFY THAT THE APPLICANT \_\_\_\_\_ HAS APPLIED FOR EMPLOYMENT AS A SALESPERSON AND IN MY OPINION, THE APPLICANT IS COMPETENT AND TRUSTWORTHY AND IS HEREBY RECOMMENDED AS A SUITABLE PERSON TO BE GRANTED A REAL ESTATE SALES'ERSON'S LICENSE.

SEAL OF NOTARY PUBLIC	Name of Agency	RI License No.
	Business Address	
	Signature of Broker	
	Subscribed and Sworn at	
	Before me _____ Notary Public	
	Date _____	

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**STATEMENT OF APPLICANT**

I HEREBY AFFIRM THAT ALL ANSWERS ARE TRUE,

SEAL OF NOTARY PUBLIC	_____
	Signature of Applicant
	_____
	Subscribed and Sworn at

BEFORE ME \_\_\_\_\_  
Notary Public

DATE \_\_\_\_\_

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LICENSE GRANTED:	AFTER EXAMINATION <input type="checkbox"/>	DATE: _____
	RECIPROCITY <input type="checkbox"/>	DATE: _____