



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

SCHOOL INSTRUCTOR APPLICATION

SECTION 1:

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____

SECTION 2:

School: _____

Address: _____

Phone #: _____ Fax: _____

Director: _____ Cell #: _____

Course or Courses you will teach: _____

Please skip Section 3, if you do not have real estate licensing experience.

SECTION 3:

1. Do you have an **active** real estate or appraiser's license: _____

2. If you answered **yes**, what is your license number: _____

3. How did you obtain your license, **Examination or Reciprocity**: _____

If you answered **yes** to question 1, **you do not** have to answer 4 & 5.

4. Have you **ever** had a real estate or appraisal license: _____

5. If yes, from which state: _____ dates it was active, from: _____ to _____
6. Has your license ever been **suspended or revoked**: _____ when: _____
7. Please state reason **why**: _____

SECTION 4:

1. Your knowledge and qualifications to teach this course, (e.g., areas of expertise, etc.).

Please explain: _____

2. College or University you attended: _____

3. Degree: _____

SECTION 5:

STATEMENT OF APPLICANT

I HEREBY AFFIRM THAT ALL ANSWERS ARE TRUE.

Signature of Applicant

Subscribed and Sworn at: (City & State)

BEFORE ME: _____
Notary Public

DATE: _____

Please note that a current resume is required with this application.

* All applicants are approved for a three year term.