

State of Rhode Island Department of Business Regulation Division of Commercial Licensing Real Estate Section 1511 Pontiac Ave, Bldg. 69-1 Cranston, RI 02920

SCHOOL INSTRUCTOR APPLICATION

SECT	<u>ION 1:</u>				
Name:					
Addre	ss:				
Home	Phone: Cell:				
Email:					
SECT	ION 2:				
School	l:				
Addre	ss:				
Phone	#:Fax:				
Direct	or: Cell #:				
Course	e or Courses you will teach:				
Please skip Section 3, if you do not have real estate licensing experience.					
SECTION 3:					
1.	1. Do you have an active real estate or appraiser's license:				
2.	2. If you answered yes , what is your license number:				
3.	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, f	from which state:	dates it was active, from: _	to		
6	. Has you	ur license ever been sus	spended or revoked:	when:		
7	. Please	state reason why :				
SEC'	TION 4:					
1	. Your k	nowledge and qualificat	tions to teach this course, (e.g., are	eas 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.						
		Sig	gnature of Applicant			

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

* All applicants are approved for a three year term.

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Tel: (401) 462-9506 Fax: (401) 462-9645 TTY: 711 Web Site: www.dbr.ri.gov