



**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 RENEWAL APPLICATION

Licenses shall be renewed every two (2) years on May 1 of each even numbered year. **FEES: Salesperson - \$130 Broker/Corporate - \$170.** Make check or money order payable to the "RI General Treasurer". Reinstating a license after its expiration date, add a late fee of \$100 in addition to the fee.

LICENSEE INFORMATION		
Name:		RI License Number:
Residential Address:		
City:	State:	Zip Code:
Since your initial license date or last renewal, whichever is most recent, have you been convicted of or pled nolo contendere to a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Since your initial license date or last renewal, whichever is most recent, have you had any professional license, certificate or registration either denied, restricted, suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
AGENCY AFFILIATION		
Has the agency affiliation changed since the previous renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', you must submit a completed Transfer Form with this renewal application.		
Agency Name:		
Agency Address:		
City:	State:	Zip Code:
Phone Number:	Email Address: <i>(Mandatory)</i>	
Principal Broker Name:		RI License Number:
Errors & Omissions Provider:		E & O Expiration Date:
AFFIRMATION & SIGNATURE		
Tax Payer Status		
Pursuant to R.I. Gen. Laws, Chapter 5-79, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due to the state or must have entered into a written agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.		
Have you filed all required Rhode Island State tax returns, and have you paid all taxes owed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Continuing Education Affirmation - Select one (1) ONLY		
<input type="checkbox"/> I certify under penalty of perjury that I have successfully completed during the preceding two (2) year period, twenty-four (24) hours of approved continuing education; six (6) of those hours in CORE course instruction.		
<input type="checkbox"/> I certify that I am a licensee who holds a valid license originally issued prior to December 12, 1984 and am exempt from the CE requirement.		
<input type="checkbox"/> I am a resident of Massachusetts or Connecticut licensed through reciprocity with Rhode Island.		
_____ Signature of Licensee		_____ Date of Signature (MM/DD/YY)