

FEE: \$100

Payable to:
Maine State Treasurer

40601421

**SALES AGENT
EXTENSION APPLICATION**

MAINE REAL ESTATE COMMISSION

FOR MREC OFFICE USE ONLY

CHECK NO _____

AMT _____

CASH NO _____

APPRVL DATE _____

APPLICANT INFORMATION			
FULL LEGAL NAME:	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
LICENSE NUMBER:	<i>Example: BR109999</i>	EXPIRATION DATE:	<i>MM/DD/YYYY</i>
HOME/LEGAL ADDRESS: <i>Do NOT enter a Real Estate Agency address here.</i>			
Street or PO Box:		City:	
County:		State & zip:	
Phone number:		Email address:	

Agency Affiliation (<i>must be completed</i>)	
AGENCY NAME:	
AGENCY LICENSE NUMBER: <i>Example: AC90101011</i>	AGENCY EXPIRATION DATE: <i>MM/DD/YYYY</i>
DESIGNATED BROKER'S NAME:	
DB LICENSE NUMBER: <i>Example: DB901111</i>	DB EXPIRATION DATE: <i>MM/DD/YYYY</i>
Reason for Extension — Attach statement of extenuating circumstances as to why the extension is needed (see Commission Rules Chapter 390(7))	
Associate Broker Course — Attach documentation of enrollment in or a copy of certificate of completion of the associate broker course. (<i>Keep the original certificate for submission with associate broker license application.</i>)	
Applicant Signature:	Date:
Designated Broker Signature:	Date:

PAYMENT OPTIONS:	
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:	
NAME OF CARDHOLDER (please print)	<i>FIRST MIDDLE INITIAL LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$_____	
I understand that fees are non-refundable.	
Card number: <i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date <i>mm / yyyy</i>
SIGNATURE	DATE

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
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