



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
MAINE REAL ESTATE COMMISSION  
AGENCY APPLICATION**

**APPLICANT INFORMATION (please print & complete ALL fields)**

FEIN (or SSN if applying for an Individual Proprietorship):

FULL LEGAL NAME OF COMPANY:

TRADE NAME: If you intend to do business under a trade name (a.k.a DBA), as authorized by 32 M.R.S.A. §13176, please enter that trade name here:

COMPANY PHYSICAL ADDRESS

CITY STATE ZIP COUNTY

COMPANY MAILING ADDRESS

CITY STATE ZIP COUNTY

PHONE # ( ) E-MAIL

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

**SIGNATURE**

**DATE**

AGENCY TYPE (check *one* box): Required Fee: \$100.00 (Non-refundable)

	ASSOCIATION (AA1421)
	CORPORATION (AC1421) - Corporate Charter Number, Issued by Maine Secretary of State: _____ On Page 3 fill out the list of name, home address and office held for each officer.
	INDIVIDUAL PROPRIETORSHIP (AI1421) (Note: Company's legal name is Designated Broker's legal name)
	LIMITED LIABILITY COMPANY(AL1421) - LLC Number, Issued by Maine Secretary of State: _____ On Page 3 fill out the name, home address and office held for each member.
	LIMITED PARTNERSHIP - (LP1421) Partnership Number, Issued by Maine Secretary of State: _____ On Page 3 fill out the name, home address and office held for each partner.
	PARTNERSHIP (AP1421)
	BRANCH OFFICE (AB1421) - Enter Main Office license number here: _____

Please read instructions and Frequently Asked Questions on Page 3.

Office Use Only: 1421 - \$100.00  
Effective Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

*Office Use Only:*  
Check # \_\_\_\_\_  
Amount: \_\_\_\_\_  
Cash # \_\_\_\_\_  
Lic. # \_\_\_\_\_

**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</i>	<i>MIDDLE INITIAL</i>	<i>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: \$ _____			
<input type="checkbox"/> <b>I understand that fees are non-refundable</b>			
Card number:	XXXX-XXXX-XXXX-XXXX		Expiration Date <i>mm / yyyy</i>

**SIGNATURE**

**DATE**

## MAINE REAL ESTATE COMMISSION - AGENCY APPLICATION

AGENCY NAME: \_\_\_\_\_

**Has any jurisdiction taken disciplinary action against this agency or designated broker?**    NO    YES

If yes, provide a written statement on a separate sheet of paper than includes the date of the offense and a detailed description of the events surrounding the conviction. Submit your written statement and a copy of the court judgments) with this application.

**Important note: Failure to disclose disciplinary action may result in fines, suspension and/or revocation of a license.**

**OTHER BUSINESS: Is the applicant engaged in any business other than real estate brokerage ?**    NO    YES

If yes, state nature of business:

### STATEMENT BY OWNER (NOT REQUIRED FOR INDIVIDUAL PROPRIETORS):

I hereby appoint \_\_\_\_\_ (Designated Broker's name)  
to act as Designated Broker for the real estate agency applying for licensure by this application.

**AGENCY OWNER'S PRINTED NAME:**

**AGENCY OWNER'S SIGNATURE:**

**DATE:**

### STATEMENT BY DESIGNATED BROKER:

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I understand that the Maine Real Estate Commission will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed including denial, suspension or revocation of my license if this information is found to be false.

**DESIGNATED BROKER'S SIGNATURE:**

**DB LICENSE NUMBER:**

**DB EXPIRATION DATE:**

**DESIGNEES:** *According to Chapter 400, Section 1(3), the designated broker may designate another person to assist in administering the provisions of the Commission's rules. If you wish to nominate designees at this time, please enter their names and license numbers below and have them sign this application.*

Designee's name and license #

Designee's signature

Designee's name and license #

Designee's signature

Designee's name and license #

Designee's signature

## AGENCY LICENSING INFORMATION

All applicants must:

- Open a trust account in a bank authorized to do business in the State of Maine, pursuant to 32 M.R.S.A. §13178; and
- Have a fixed and definite place of business, pursuant to 32 M.R.S.A. §13173(5).

Additionally, any non-resident applicant must be licensed and in good standing with the licensing authority in its home state. You must include a Verification of Licensure in good standing from the agency's home state and every other state where the agency holds, or has ever held, a real estate license. Verification must indicate whether or not disciplinary action has been taken.

See 32 M.R.S.A., Chapter 114 for other laws relating to agency licensure.

# MAINE REAL ESTATE COMMISSION - AGENCY APPLICATION

AGENCY NAME: \_\_\_\_\_

## OWNERSHIP/OFFICER INFORMATION

Corporations, Limited Liability Companies and Limited Partnerships must provide a list of the names, home addresses and offices held for all officers. Please enter this information below. Attach separate sheets if necessary.

OFFICE HELD	NAME & ADDRESS

## Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

## NOTICES

**BACKGROUND CHECK:** Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

### Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the disciplinary action disclosure question
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.

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

**Mailing Address:** 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345  
Phone: (207) 624-8521 TTY users call Maine Relay 711 Fax: (207) 624-8637 [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)  
Email: [rlestate.com@maine.gov](mailto:rlestate.com@maine.gov)