NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE LICENSING SERVICES BUREAU – REAL ESTATE P.O. BOX 474 TRENTON, NJ 08625-0474

REFERRAL AGENT APPLICATION FOR REINSTATEMENT/TRANSFER, NAME CHANGE OR CHANGE OF LICENSE TYPE

	DATE PROCESSED mm dd yy		FECTIV DATE	PROCESSOR INITIALS yy (First, MI, Last)	
	- DO NOT WRITE ABOVE TH	IS LINE - FOR	REAL ES	TATE LICENSING SERVICES USE ONLY -	
	REINSTATEMENT OF UNRENEWED REFERRAL AGENT LICENSE (See Instruction #5 below)	\$150.00		CHANGE OF LICENSE TYPE SALESPERSON / BROKER OR BROKER- SALESPERSON TO REFERRAL AGENT	\$50.00
	CHANGE OF NAME	\$50.00		TRANSFER (within current license term)	\$25.00
		INSTR	RUCTI	<u>ONS</u>	
1.	Application must be accompanied by eithe Check made payable to "STATE TREAS apply to transactions processed through	urer of Ni	EW JER	Money Order, Broker Business Account Check, or SEY". NO PERSONAL CHECKS ACCEPTED (Cashier's Does not
2.	Anyone submitting a dishonored check, in Jersey Real Estate Commission administrat	connection w live penalty of	ith an ap \$500.00	oplication fee for a Real Estate License, is subject	to a New
	If application includes a change of name, a legal name change and the "change of nam		of the r	narriage certificate, divorce decree, or court order	indicating
	Commission's authority to compel disclosure	e of the Socia ssion will also	I Securit use you	child support enforcement purposes. The Rey Number is established at P.L., 1966, c.7 and N.J. or Social Security Number for internal identification doing so →	A.R. 11:5-
	Applicants seeking to reinstate an unrenew certificate, b.) U.S. passport establishing U. the United States.	ed license mu S. citizenship	ust prese or c.) ar	nt to their Employing Broker, or Broker of Record: n INS form I-551 (Green Card) establishing legal pr	a.) a birth resence in

	TO BE COMPLE	TED BY	APPL	ICAN [*]	Τ:			
	Applicant's Previous License Employing Broker, Reference Number License Reference	or Business Entil rence Number	ly,		Applicant	's Social s	Security N	Number
	PRINT APPLICANT'S F	ULL LEGAL NAM	IE (Last, Fire	st, MI)	<u>,</u>			
	PERMANENT HOME STREET	ADDRESS (Nun	nber and Na	me) – Line	1		· · · · · · · · · · · · · · · · · · ·	
	P.O. BOX, APARTMEN	IT, OR FLOOR N	UMBER – L	ine 2				
	CITY		STA	ATE			ZIP CODI	E + 4
•	COUNTY DATE OF	 F BIRTH (mm/dd/	уу)	HOM	E TELEPI	HONE # ir	ncluding a	area code
	ALL QUESTIONS	MUST BE	E ANSV	NERE	D			
1.	With the exception of motor vehicle violations, since your last N renewed, have you been convicted of a crime, misdemeanor, Jersey, any other State or by the Federal Government, or are you	lew Jersey Real	Estate lice	ense was se in the	last issue	d or E	YES	S NO
2.	Is there a criminal complaint, disorderly persons charge, a crimpending against you or are you presently under indictment in a Government, or are you presently enrolled in New Jersey's Preprogram involving the deferral of the disposition or sentencing in	minal accusation New Jersey, or Trial (PT1) progr	or crimina any other s am or any	al informa State or b	y the Fed	leral 🗀	YES	S NO
3.	Have you ever had a real estate or other professional license, ce surrendered in lieu of formal prosecution, or denied in New Jerse	ertification or sim	ilar credent	tial revoke	d, suspen	ided [YES	S NO
4.	Do you have a child support obligation on which there is an arrea child support payable for six (6) months, or are you the subject of six (6) months, have you falled to provide any court-related health subpoena relating to a paternity or child support proceeding?	rage due that ed f a child support	quals, or ex	rant, or du	iring the c	oast ⊢	YES	S NO
5.	Are you currently licensed or were you previously licensed by the date of last licensure and the name of the previous employing bro	Real Estate Co oker/company.	mmisslon?	lf "YES", p	olease giv	re [YES	S NO
	mm dd yy	EMPLOYING	BROKER .	/ COMPAN	ŀΥ			
6.	Do you currently hold a Real Estate License issued by another St	iate? If "YES", p	lease indic	ate the St	ate(s) belo	ow [YES	S NO
	STATE INITIA	LS (e.g NJ = 1	New Jersey	·)				
	If the answer to questions 1 through 4 above is "YES", submit attaindictment, judgment of conviction or order or revocation and/or s supplied, or if applicant was reinstated by order of the New Jersey to the right →	uspension. If pa	articulars ar	nd copies i	previously	,		
I her truth by N child than	IDER PENALTY OR PERJURY, preby certify that: the information on all sides of this application infulness in considering this application; I am a citizen of the U.S., of U.J.A.C. 11:5-4.1, has been completed and that I have a copy of the disupport, paternity or court ordered health care coverage may a change of name, I further certify that I have reviewed with my be unity as a referral agent, which I understand is limited to referring pro-	or legally present e signed agreen atter may subje roker or his/her o espects for broke	in the U.S. nent in my p ect you to designee th	.; and a w possessio contemp e restriction	ritten emp n. [Makir t of court ons impos	oloyment ng a fals t.] If this sed by N.	agreeme e statem applicat J.S.A. 45 esignee.	ent, as require tent regardin ion is for othe
	PRINT Applicant's Full Legal Name (First,	MI, Last)				mm	đđ	уу

TO BE COMPL	ETED B	Y EMPLO	YING	BRC	KER	/BR	OKER	OF F	RECC	RD:
								7		
LIC	ENSE REFEREN	CE NUMBER of	Corporation	, Partner	ship, LLC	or Employi	ng Broker	_]		
			·							
	MAR	IF of Consocillo	Davida a sabi		F	Dankan				
	WAIV	E of Corporation	, Pannersni	p, LLG OF	⊏mpioying	groker				
	ALTERNA	TE NAME OR D	BA (Doing B	usiness A	s) NAME	- If applica	ble			
	E	BUSINESS ADDI	RESS (Num	ber and N	ame) – Li	ne 1				
	DI IOINECO AD	DRESS (P.O. BC	V ADADTA	ACMT OF	FLOOP	MIMPEDI	Line 2			
	DOSINESS AD	DRESS (F.O. BO	A, Arak in	TENT, ON	CELOUR	NOMBER)	Line Z			
	CITY				S	TATE		ZIP CC	DE +4 (if	applicable)
COUNTY	BU	ISINESS PHONE	E # (with are	a code)		E-MAIL	ADDRESS	(Employin	g Broker	of Record)
UNDER PENALTY OR PER I hereby certify that: the applicant is upon his/her good moral character. I further certify that: the informatic truthfulness in considering this appl copy of the signed agreement in my a Birth Certificate, or U.S. Passpord U.S If this application is for oth the restrictions imposed by N.J. limited to referring prospects to referring prospec	authorized to a (If broker is avoin provided on ication, a writter possession; ar , establishing h er than a chan S.A. 45:15:3 u	ware of such in this application n employment a nd that in the cas is/her U.S. Citiz ge of name, I fupon his/her br	formation, is true ar igreement, se of an ap renship or a urther cert	please and correct as require plication to an INS fo Ify that I	attach a s et, the Ne ed by N.J to reinsta rm I-551 or a mei	separate I sw Jersey .A.C. 11:5 te an unre (Green Ca mber of n	etter prov Real Est -4.1, has l newed lice ard) establ ny staff ha	iding det ate Comr been com ense, the lishing the ave reviev	alis.) nission r pleted ar applicant eir legal p wed with	nay rely on it nd that I have has presente presence in the I the applican
I further certify that I am aware the authorized to do so by the New Jers	at this applican	t is PROHIBITE	ED BY LAV	V from e	ngaging	in any bro	okerage a	ctivity, unl	less and	until he/she i
PRINT FULL LEGAL NAME (I HOLDER OF POWER OF ATTO							_	mm	фф	уу .
SIGN FULL LEGAL NAME (F	iret MI Lact\ Ot	E EMBI OVING B	BUKED DE	OKED V	E BECOB	n op	-			
HOLDER OF POWER OF ATTO	RNEY FILED W	IMPLOTING B ITH THE NEW J	IERSEY RE	AL ESTA	TE COMM	ISSION				

INDIVIDUAL IRREVOCABLE CONSENT TO SERVICE OF PROCESS

having my princ		APPLICANT'S F	HILL LEGAL MANIE (First MILL and)			
having my princ			ULL LEGAL NAME (First MI Last)			
	cipal place of residence at:					
***		HOME ADDRESS	(Number and Name) – Line 1			***************************************
	HOME ADDI	RESS (P.O. BOX, AF	PARTMENT, OR FLOOR NUMBER) – Line 2			
	CITY		STATE		ZIP CC	DDE +4
Real Estate Lice Commission or	ensee may be made upon me the person in-charge at the	e by service in-pe Office of the Com	in any action or preceding arising out erson or by certified mail upon the Exec emission, pursuant to N.J.S.A. 45:15-9 courts as if service has been made up	cutive Di 3. I agre	rector of e that su	the Real Est
			SIGNATURE OF APPLICAN	IT (First, M	1l, Last)	
DATE						
mm dd	yy PRINT Wi	tnesses Full Legal Na	ame (First, MI, Last)			
State of						
County of		_ ss				
I CERTIFY th	hat on	. 20				
personally carr	(mm/dd) ne before me and acknowledged	under oath, to my s	yy PRINT Applicant's Full attisfaction, that this person:	Name (Fir	st, MI, Las	it)
a.) Is	s named in and personally signed	f this Consent to Se	rvice of Process; and			
b.) S	Signed, sealed and delivered this	Consent to Service	of Process as his/her act and deed			i
SIGN	Witnesses Full Legal Name (First, I	MI, Last)	PRINT Witnesses Full Legal Na	ıme (First,	MI, Last)	
			If Notary, my commission expires on:			
	TITLE		•	mm	dd	уу

AFTIX OFFICIAL SEAL HERE