



Application Real Estate Broker Licence

For Office Use Only

Receipt No	_____
Receipt Amount	_____
Tracking No	_____
Receipt Date	_____

1 Licence Type

Broker <input type="checkbox"/>	Restricted Broker <input type="checkbox"/>
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2 Type of Business

Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>
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3 Corporation or Partnership

Legal Name of Business

4 Sole Proprietor

Last Name	First Name	Middle Initial(s)
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5 Business Operating/Trade Name (if applicable)

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6 Name of Contact Person

Last Name	First Name	Middle Initial(s)
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7 Business Mailing Address

Street Name and No.	
P.O. Box / R.R. No.	City/Town
Province	Postal Code

8 Business Location

Street Name and No.	
City/Town	
Province	Postal Code

9 Business Information

Business Telephone	Business Fax	E-Mail Address	Business/Financial Year End
Location of Trust Account (Name/Branch)		Trust Account Number	

10 Address for Service (if different from 7 or 8 above)

Street Name and No., or business location in NL		
City/Town	Province	Postal Code
Telephone No.	Fax No.	E-Mail Address
Contact Person		

11 Professional Liability Insurance

All licensees are required to carry a minimum of \$1,000,000 Errors and Omissions Liability insurance. Please attach a copy of the insurance certificate for our records.

12 Signing Authorities

(Please indicate individuals who have signing authority on behalf of the applicant. Attach separate sheet if necessary.)

Name (please print)	Title	Speciman Signature

Branch Office Locations

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Will your business be operating from more than one location in Newfoundland and Labrador? Yes No

If yes, please attach a list of all branch office locations. Include the street address, operating name, telephone number, fax number, email address and the name of the supervisor for each office.

Criminal Record Screening

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List Names of Officers of a Corporation or Partners of a Partnership

Name _____	Office Held _____
Name _____	Office Held _____
Name _____	Office Held _____
Name _____	Office Held _____

Has the Applicant or any officer, director or partner of the applicant:

Are there any outstanding or stayed charges against you, the business, or any partners, officers, directors or the designated representative of the business, alleging a criminal offence that was committed in any province, territory, state or country?

Yes No

If yes, attach (1) the type of charge, (2) the date of the charge, (3) any trial or appeal dates, and (4) the court location.

Have you, the business, or any partners, officers, directors or the designated representative of the business, ever been found guilty or pleaded no contest to any criminal offence that was committed in any province, territory, state or country?

Yes No

If yes, attach (1) the offence, (2) the date found guilty, and (3) the disposition (any penalty or fine and the date any fine was paid).

Designated Representative

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Please indicate the name of the Officer/Director responsible for the regular operation of the applicant. This person must either hold, or be applying for, a Real Estate Salesperson Licence in NL and have successfully completed the prescribed examination for the corporation or partnership to obtain its broker licence.

_____ Name (please print)

_____ Signature of Designated Representative

Undertaking of Applicant

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The applicant agrees to the following:

- (a) all individuals transacting business on behalf of the applicant will be licensed as a salesperson under the *Real Estate Trading Act, 2019* of Newfoundland and Labrador.
- (b) the applicant will comply with all Sections of the *Real Estate Trading Act, 2019* and Regulations, including those related to trust funds and financial filings.

CERTIFICATION

I, _____, CERTIFY that I am an officer, director or partner of the applicant and am properly authorized to make this application; that all the information given by me is true and complete and that I realize failure to provide full and true information may result in suspension or revocation of the licence.

Dated _____, 20_____.

Authorized Signing Officer Name (Please Print)

Authorized Signing Officer Signature

Witness Name (Please Print)

Witness Signature

Witness Address

Please Ensure:

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- Application is signed
- Proof of payment is enclosed (If paying by cheque, please make cheque payable to Newfoundland Exchequer Account)
- Proof of liability insurance enclosed
- Criminal Record Screening Certificate is enclosed
- Real Estate Recovery Fund Application enclosed
- Payment for Real Estate Recovery Fund enclosed

Mailing Information

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Please return completed forms by:

Mail: Financial Services Regulation Division, Digital Government and Service NL, P. O. Box 8700, St. John's, NL Canada A1B 4J6
Courier: Financial Services Regulation Division, 2nd Floor West Block, Confederation Building, Prince Philip Parkway, St. John's, NL
Email: SNLFinServiceNewApp@gov.nl.ca

PRIVACY NOTICE

The Financial Services Regulation Division collects Personal Information relating to real estate agents under the authority of the *Real Estate Trading Act, 2019*. Personal information collected by the Government of Newfoundland and Labrador is protected under the *Access to Information and Privacy (ATIPP) Act*. If you have any questions about the collection or use of this information, please contact our office.