

Receipt No.	_____
Receipt Amount	_____
Tracking No.	_____
Processed By	_____

Licence Type

1 Salesperson ☐ Restricted Salesperson ☐

Applicant Information

2

Surname	Given Name	Middle Initial
Date of Birth YYYY MM DD	Place of Birth	Social Insurance Number

Mailing Address

3

Street Name and No.		
Mailing Address		
City/Town	Province	Postal Code
Telephone	Email	

Business Address (if applicable)

Important: The applicant's annual report will be mailed to the address on file unless a business address is provided, see Section 10 of application.

4

Business Name		
Mailing Address		
City/Town	Province	Postal Code
Telephone	Facsimile	

Professional Liability Insurance

5 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.

Criminal Record Screening

6

Are there any outstanding or stayed charges against you alleging a criminal offence that was committed in any province, territory, state or country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 ever been found guilty or pleaded no contest to any criminal offence that was committed in any province, territory, state or country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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).		

Certification and Undertaking of Applicant

7 I, the undersigned applicant, certify that the information given by me in this application is true and complete to the best of my knowledge and belief and hereby undertake to notify the Financial Services Regulation Division of Digital Government and Service NL in writing of any material change.

Signature	Date (YYYY MM DD)
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Witness Name (Please Print)	Witness Signature
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
	Date (YYYY MM DD)
	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Approval of Employing Brokerage**8**

We recommend the applicant as a fit and proper person to receive a licence and give notice that the applicant is authorized to represent the broker as a salesperson when the licence is issued and we will notify the Financial Services Regulation Division on the termination of employment of the licensee.

Brokerage Name

Signature of Authorized Signing Officer

Name of Authorized Signing Officer (please print)

Date (YYYY MM DD)

Caution**9**

Filing of any false information or failure to disclose full information required by or on this application may result in its rejection or in disciplinary action taken against the applicant.

Annual Filing Requirement**10**

Once licensed, a licensee must file an Annual Filing and pay an annual fee to keep the licence in good standing. The applicant's first Annual Filing, along with the filing fee, will be due one year subsequent to the end of the month in which your licence became effective (e.g. for a licence with an effective date of January 15, 2019, the first Annual Filing is due by January 31, 2020, with subsequent filings due by January 31st each year thereafter.)

Please Ensure:**11**

- ☐ 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**12**

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.