

**The Real Estate Trading Act
Application for a
Real Estate Salespersons Licence**

For Office Use Only

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

Licence Type

1 Salesperson Restricted Salesperson

Applicant Information

2

Last Name		First Name		Middle Initial(s)	
Residence / Cell Telephone No.		Residence Fax No.		E-Mail Address	
Sex	Date of Birth	Y Y Y Y	M M	D D	Place of Birth
Male <input type="checkbox"/> Female <input type="checkbox"/>	/ /				Social Insurance Number

Mailing Address

3

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

Home Address

4

Street Name and No.	
City/Town	
Province	

Bond Information

5

Bond Amount	Bond Number	Bonding Company
-------------	-------------	-----------------

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 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 ever been found guilty, pleaded no contest to, or granted an absolute or conditional discharge from 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).

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 Service NL in writing of any material change.

Signature	Date
<input type="text"/>	Y Y Y Y M M D D / /
Witness Name (Please Print)	Witness Signature
<input type="text"/>	<input type="text"/>
	Date
	Y Y Y Y M M D D / /

Approval of Employing Agency

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 agent 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.

Agency Name	Signature of Authorized Signing Officer	Name of Authorized Signing Officer (please print)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	Y Y Y Y M M D D / /

Routing Information

9 Please return completed form by mail to Financial Services Regulation Division, Service NL, P. O. Box 8700, St. John's, NL Canada A1B 4J6 or by courier to Financial Services Regulation Division, 2nd Floor West Block, Confederation Building Prince Philip Parkway, St. John's, NL or for more information Telephone: (709) 729-2595 or Fax: (709) 729-3205.

PRIVACY NOTICE

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