## Salesperson or Associate Broker Licence Application



CITY/TOWN

601-1595 Bedford Highway, Bedford, Nova Scotia, B4A 3Y4

Phone: 902-468-3511 800-390-1015 Fax: 902-468-1016 800-390-1016

Website: nsrec.ns.ca Email: licensing@nsrec.ns.ca

All questions must be answered completely and truthfully. The making of a false statement on this statutory declaration constitutes a criminal offense and is punishable by law. Any statutory declaration containing a material falsity may result in the refusal of this application and the suspension or cancellation of any license issued thereupon.

**NOTE:** Incomplete or illegible applications will be returned unprocessed.

If more space is needed to respond to questions, attach an additional sheet of paper.

A completed Schedule A or Schedule B, as appropriate, must be attached to this application.							
A   NATURE OF APPLICATION							
First time applicant		FOR INTERNAL USE					
				Approved Du			
Re-licensing applicant - unlicensed for over 30 days and under two years				Approved By			
Change of licence level							
		Approval Date					
level you are applying for:							
Salesperson				Conditions/Restrictions			
Associate Broker							
B   PERSONAL INFORMATION (PL	LEASE PRINT CLEARLY)						
	FIRST NAME	MIDDLE INITIAL	NICKNAME (may replace your <u>first name only</u> in advertising)				
RESIDENTIAL ADDRESS			SUITE/APT.				
ALTERNATIVE MAILING ADDRESS			CITY/TOWN				
	POSTAL CODE		HOME PHONE				
EMAIL ADDRESS (REQUIRED)			CELL PHONE				
Emails are required as the Commission occasionally communicates legislative and bylaw changes to licensees to ensure compliance. In applying for a real estate licence you are consenting to receiving this information.			DATE OF BIRTH (DD/MM/YYYY)				
C   BROKERAGE INFORMATION							
•							
ANCH OFFICE (IF APPLICABLE)  BROKERAGE MAIN ADDRESS							
	First time applicant  Re-licensing applicant - unlicensed for Change of licence level  level you are applying for: Salesperson Associate Broker  B   PERSONAL INFORMATION (PI  AL ADDRESS  VE MAILING ADDRESS  RESS (REQUIRED)  required as the Commission occasionally communicate at In applying for a real estate licence you are consenting  C   BROKERAGE INFORMATION  E NAME	First time applicant  Re-licensing applicant - unlicensed for over 30 days and under two year Change of licence level  level you are applying for: Salesperson Associate Broker  B   PERSONAL INFORMATION (PLEASE PRINT CLEARLY)  FIRST NAME  ALADDRESS  POSTAL CODE  RESS (REQUIRED)  required as the Commission occasionally communicates legislative and bylaw changes to licensee in applying for a real estate licence you are consenting to receiving this information.  C   BROKERAGE INFORMATION  E NAME	First time applicant  Re-licensing applicant - unlicensed for over 30 days and under two years  Change of licence level  level you are applying for: Salesperson Associate Broker  B   PERSONAL INFORMATION (PLEASE PRINT CLEARLY)  FIRST NAME   MIDDLE INITIAL  ALADDRESS  POSTAL CODE  RESS (REQUIRED)  required as the Commission occasionally communicates legislative and bylaw changes to licensees to ensure In applying for a real estate licence you are consenting to receiving this information.	First time applicant  Re-licensing applicant - unlicensed for over 30 days and under two years  Change of licence level  level you are applying for: Salesperson Associate Broker  B   PERSONAL INFORMATION (PLEASE PRINT CLEARLY)  FIRST NAME   MIDDLE INITIAL   NICKI  MIDDLE INITIAL   NICKI  POSTAL CODE   HOME  RESS (REQUIRED)   CELL  required as the Commission occasionally communicates legislative and bylaw changes to licensees to ensure   DATE  In applying for a real estate licence you are consenting to receiving this information.			

POSTAL CODE

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**PROVINCE** 

PART D   QUEST	IONNAIRE			
	y licence or registration of any kind re	efused, suspended, or revoked?	☐ Yes ☐	No
If yes, provide de	etails:			
Will you be emplo	oyed in any other business, occupation	on or profession?	☐ Yes ☐	□ No
If yes, provide de	etails:			
Are there currently	y any pending or unpaid judgments	or lawsuits against you (including Revenue Ca	anada)? 🗌 Yes 🗆	□ No
If yes, provide de	etails:			
Are you a dischar	ged bankrupt, awaiting discharge, o	r presently a party to bankruptcy proceedings	?	□ No
If yes, provide de	etails:			
Have you ever be party to bankrupto		r majority shareholder with a corporation that	is bankrupt or presen ☐ Yes ☐	
If yes, provide de	etails:			
(excluding provinc	•	ffence or any other offence under the law of an nces resulting in points and/or monetary fines	J	by any
If yes, provide de	etails:			
Were you licensed different name?	d under a name other than the name	e that appears on this licensing form or taken of	educational courses u	
If yes, provide de	etails:			
Are you legally at	ole to work in Canada?		☐ Yes ☐	Nο
7 lie you legally at	olo to work in ounded:		103	_ 110
	DYMENT INFORMATION (Com	plete for past three years)		- 110
		Nature of Employment	Start Date (MM/YY)	End Date (MM/YY)
PARTE   EMPLO	DYMENT INFORMATION (Com		Start Date	End Date
PARTE   EMPLO	DYMENT INFORMATION (Com		Start Date	End Date
PARTE   EMPLO	DYMENT INFORMATION (Com		Start Date	End Date
PARTE   EMPLO	DYMENT INFORMATION (Com		Start Date	End Date
PARTE   EMPLO	DYMENT INFORMATION (Com		Start Date	End Date
PARTE   EMPLO	DYMENT INFORMATION (Com		Start Date	End Date
PART E   EMPLO	Address of Employer		Start Date	End Date
PART E   EMPLO	DYMENT INFORMATION (Com		Start Date	End Date
PART E   EMPLO	Address of Employer		Start Date	End Date
PART E   EMPLO	Address of Employer		Start Date	End Date
PART E   EMPLO	Address of Employer		Start Date	End Date

## SECTION G | FIRST-TIME ASSOCIATE BROKER EXPERIENCE DECLARATION

	applicants and applicants who were previously licensed at a broker level
An applicant for a broker-level licence must have three years e	experience as a licensed salesperson; and
	nsactions, including five transactions where the applicant represented e the applicant represented the seller in an agency relationship; OR
☐ conducted a minimum of 10 commercial real estate tra	ansactions; OR
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	
I have read and understand the foregoing. I certify that I have t licence. I further understand that the Commission may take ste	the experience stated above and I am therefore eligible for a broker-level eps, at any time, to verify my trading experience.
PART G   AUTHORIZATION	
as part of this application, which may include a credit check of acknowledge that submitting false information in the course of	to verify with the appropriate sources any information given or supplied or checking for judgements. I, the undersigned, understand and f applying for a licence is an offence under Commission by-law 336, occeedings and/or the suspension or cancellation of any license issued
Signed on this day of	, 20
APPLICANT SIGNATURE	
PRINT NAME	
PART H   BROKER ACCEPTANCE	
I,BROKER/ AUTHORIZED MANAGING ASSOCIATE BROKER	hereby certify that the information given by
	in the foregoing application is to the best of my knowledge and
APPLICANT	
belief to be true. I certify that the applicant, if granted a $lacktriangle$ sal	esperson or $\square$ associate broker licence, is authorized to represent
BROKERAGE	
upon approval of this application by the Commission.	
AUTHORIZED SIGNATURE	TITLE OF SIGNING AUTHORITY
PRINT NAME	 DATE