## 10/25

## Broker or Managing Associate Broker Licence Application



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: pcrane@nsrec.ns.ca

INSTRUCTIONS: Current or previously licensed brokers/ managing associate brokers and CFTA applicants complete Section A and C.

First-time brokers/ managing associate brokers complete Sections A, B, and C.

Brokerage owners/directors complete Section D.

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.

PAYMENT: You will be invoiced by email. Log in to the NSREC Licensee Portal to pay your licensing fees.

## **SECTION A - APPLICANT INFORMATION**

| ☐ Managing associate broker application                           | ☐ Broker application       |            |                |
|---|----------------------------|------------|----------------|
| First name  | Last name                  |            | Middle initial |
|   |                            |            |                |
| Nickname (may replace your <u>first name only</u> in advertising) | Date of birth (dd/mm/yyyy) |            |                |
|   |                            |            |                |
| Residential address   |                            |            |                |
|   |                            |            |                |
|   |                            |            |                |
|   |                            |            |                |
| Email address   | Home phone                 | Cell phone |                |
|   |                            |            |                |
| Brokerage name  |                            |            |                |
| Destruction of broads office address                              |                            |            |                |
| Brokerage/ branch office address                                  |                            |            |                |
|   |                            |            |                |
|   |                            |            |                |
| Brokerage phone number  | Brokerage email address    |            |                |
|   |                            |            |                |

| 1.  | . Have you had any licence or registration of any kind refused, suspended, or revoked?   |                             |  |                       |                              |  |
|-----|--|-----------------------------|--|-----------------------|------------------------------|--|
|     | If yes, provide details  | s:                          |  |                       |                              |  |
|     | Will you be employed   | in any other business, oc   | cupation or profession?                                      |                       | ☐ Yes ☐ No                   |  |
|     | If yes, provide details  | s:                          |  |                       |                              |  |
|     | Are there currently an   | y pending or unpaid judgr   | ments or lawsuits against you                                | (including Revenue C  | Canada)? 🗆 Yes 🗆 No          |  |
|     | If yes, provide details  | S:                          |  |                       |                              |  |
|     | Are you a discharged bankrupt, awaiting discharge, or presently a party to bankruptcy proceedings?   |                             |  |                       |                              |  |
|     | If yes, provide details  | S:                          |  |                       |                              |  |
|     | Have you ever been involved as an officer, director, or majority shareholder with a corporation that is bankrupt or presently a party to bankruptcy proceedings?   |                             |  |                       |                              |  |
|     | If yes, provide details  | S:                          |  |                       |                              |  |
| ).  | Were you charged with or convicted of any criminal offence or any other offence under the law of any country, province or state (excluding provincial or municipal highway traffic offences resulting in points and/or monetary fines only)? Or disciplined by any professional/ occupational body or society? |                             |  |                       |                              |  |
|     | If yes, provide details  | S:                          |  |                       |                              |  |
| •   | . Were you licensed under a name other than the name that appears on this licensing form or taken educational courses under different name?  |                             |  |                       |                              |  |
|     | If yes, provide details  | S:                          |  |                       |                              |  |
|     | Are you legally able to work in Canada?  |                             |  |                       |                              |  |
|     | Provide your work his  | tory for the past three yea | rs, including any periods of u                               | nemployment.          |                              |  |
|     | Employer   | Location                    | Type of business   | Job title             | Period of employment         |  |
|     |  |                             |  |                       | (start date to end date)     |  |
|     |  |                             |  |                       |                              |  |
|     |  |                             |  |                       |                              |  |
|     |  |                             |  |                       |                              |  |
|     |  |                             |  |                       |                              |  |
| E   | CTION B - BROKER/  | MANAGING ASSOCIAT           | E BROKER EXPERIENCE  | DECLARATION           |                              |  |
| :OI | mnlete this section if   | you are applying for a l    | oroker or managing associ                                    | ate broker licence fo | or the first time. Check the |  |
|     | ooxes that apply.  | you allo applying for a .   | or or managing accoon  | ato broker hoomes k   | or the mot time enough the   |  |
| 0.  | An applicant for a bro   | oker-level licence must h   | ave three years experience                                   | as a licensed salesp  | erson; and                   |  |
|     |  |                             | l estate transactions, including where the applicant represe |                       |                              |  |
|     | _  | -                           |  |                       | agonoy rolationip, orc       |  |
|     | <ul> <li>□ conducted a minimum of 10 commercial real estate transactions; OR</li> <li>□ equivalent experience approved by the Commission.</li> </ul>   |                             |  |                       |                              |  |
|     | I have read and unde   | erstand the foregoing. I c  | ertify that I have the experien e Commission may take step   |                       |                              |  |
|     |  |                             |  |                       |                              |  |
|     |  |                             |  |                       |                              |  |
|     |  | APPLICANT SIGNATURE         |  |                       |                              |  |

## **SECTION C - APPLICANT AUTHORIZATION AND DECLARATION**

| and acknowledge that submitting false inform  | ay include a credit check or checking for judgements. I, the undersigned, understand mation in the course of applying for a licence is an offence under Commission by-law blication, disciplinary proceedings and/or the suspension or cancellation of any license |  |  |  |
|---|--|--|--|--|
| Signed on this day of   | , 20   |  |  |  |
| APPLICANT SIGNATURE   | PRINT NAME   |  |  |  |
| SECTION D - BROKERAGE OWNER/ DIRE   | ECTOR AUTHORIZATION  |  |  |  |
| I,NAME OF OWNER/DIRECTOR  | NAME OF OWNER/DIRECTOR hereby certify that the information given by  |  |  |  |
| NAME OF APPLICANT   | in the foregoing application is to the best of my knowledge  |  |  |  |
| and belief true. I further certify that the applic  | cant, if granted a broker $\square$ or managing associate broker licence $\square,$ is   |  |  |  |
| authorized to represent   | NAME OF BROKERAGE  |  |  |  |
| and that sponsorship will commence upon a   | pproval of this application by the Commission.   |  |  |  |
| Ву  |  |  |  |  |
| AUTHORIZED SIGNATUR   | RE TITLE OF OFFICIAL SIGNING   |  |  |  |
| PRINT NAME  | DATE   |  |  |  |
| SECTION E   SUPPORTING DOCUMENTA  | ATION REQUIRED WITH THIS APPLICATION FIRST-TIME APPLICANTS   |  |  |  |
| ☐ Copy of driver's licence or government i☐ Copy of birth certificate, Canadian pass☐ Current criminal record check from an a☐ CFTA applicants only—Out of Jurisdiction | sport, citizenship card or PR card<br>approved provider  |  |  |  |
| SECTION F   SUPPORTING DOCUMENTA  | ATION REQUIRED WITH THIS APPLICATION REINSTATING APPLICANTS  |  |  |  |
| Applicants who have been unlicensed for m   |  |  |  |  |

I hereby authorize the Nova Scotia Real Estate Commission to verify with the appropriate sources any information given or