

Salesperson or 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

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.

PART A | NATURE OF APPLICATION

- ☐ First time applicant
- ☐ Re-licensing applicant - unlicensed for over 30 days and under two years
- ☐ Change of licence level

Licence level you are applying for:

- ☐ Salesperson
- ☐ Associate Broker

FOR INTERNAL USE

Approved By

Approval Date

Conditions/Restrictions

PART B | PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

LAST NAME	FIRST NAME	MIDDLE INITIAL	NICKNAME (may replace your <u>first name only</u> in advertising)
RESIDENTIAL ADDRESS			SUITE/APT.
ALTERNATIVE MAILING ADDRESS			CITY/TOWN
PROVINCE	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)

PART C | BROKERAGE INFORMATION

BROKERAGE NAME		
BRANCH OFFICE (IF APPLICABLE)	BROKERAGE MAIN ADDRESS	
CITY/TOWN	PROVINCE	POSTAL CODE

PART D | QUESTIONNAIRE

1. Have you had any licence or registration of any kind refused, suspended, or revoked? ☐ Yes ☐ No
If yes, provide details: _____
2. Will you be employed in any other business, occupation or profession? ☐ Yes ☐ No
If yes, provide details: _____
3. Are there currently any pending or unpaid judgments or lawsuits against you (including Revenue Canada)? ☐ Yes ☐ No
If yes, provide details: _____
4. Are you a discharged bankrupt, awaiting discharge, or presently a party to bankruptcy proceedings? ☐ Yes ☐ No
If yes, provide details: _____
5. 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? ☐ Yes ☐ No
If yes, provide details: _____
6. 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? ☐ Yes ☐ No
If yes, provide details: _____
7. Were you licensed under a name other than the name that appears on this licensing form or taken educational courses under a different name? ☐ Yes ☐ No
If yes, provide details: _____
8. Are you legally able to work in Canada? ☐ Yes ☐ No

PART E | EMPLOYMENT INFORMATION (Complete for past three years)

Name of Employer	Address of Employer	Nature of Employment	Start Date (MM/YY)	End Date (MM/YY)

PART F | FIRST-TIME ASSOCIATE BROKER EXPERIENCE DECLARATION

Complete this section ONLY if you are applying for an associate broker licence for the first time (does not include CFTA applicants). Check the box or boxes that apply. Salesperson applicants and applicants who were previously licensed at a broker level go to Part G.

An applicant for a broker-level licence must have three years experience as a licensed salesperson; and

- ☐ conducted a minimum of 20 residential real estate transactions, including five transactions where the applicant represented the buyer in single agency and five transactions where the applicant represented the seller in an agency relationship; OR
- ☐ conducted a minimum of 10 commercial real estate transactions; OR
- ☐ equivalent experience approved by the Commission.

I have read and understand the foregoing. I certify that I have the experience stated above and I am therefore eligible for a broker-level licence. I further understand that the Commission may take steps, at any time, to verify my trading experience.

PART G | AUTHORIZATION

hereby authorize the Nova Scotia Real Estate Commission to verify with the appropriate sources any information given or supplied as part of this application, which may include a credit check or checking for judgements. I, the undersigned, understand and acknowledge that submitting false information in the course of applying for a licence is an offence under Commission by-law 336, and may result in the refusal of the application, disciplinary proceedings and/or the suspension or cancellation of any license issued thereupon.

Signed on this _____ day of _____, 20_____.

APPLICANT SIGNATURE

PRINT NAME

PART H | BROKER ACCEPTANCE

I, _____ hereby certify that the information given by
BROKER/ AUTHORIZED MANAGING ASSOCIATE BROKER

APPLICANT

_____ in the foregoing application is to the best of my knowledge and belief to be true. I certify that the applicant, if granted a ☐ salesperson or ☐ 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

PART I | SUPPORTING DOCUMENTATION REQUIRED WITH THIS APPLICATION FIRST-TIME APPLICANTS**New Salespeople**

- ☐ Copy of driver's licence or government issued photo ID
- ☐ Copy of birth certificate, Canadian passport, citizenship card or PR card
- ☐ Current criminal record check from an approved provider
- ☐ Proof of grade 12 education or approved equivalent (**does not include CFTA applicants**)
- ☐ CFTA applicants only—Out of Jurisdiction Certification Form

New Associate Brokers

- ☐ Copy of driver's licence or government issued photo ID
- ☐ Copy of birth certificate, Canadian passport, citizenship card or PR card
- ☐ Current criminal record check from an approved provider
- ☐ CFTA applicants only—Out of Jurisdiction Certification Form

PART J | SUPPORTING DOCUMENTATION REQUIRED WITH THIS APPLICATION REINSTATING APPLICANTS**Reinstating Salespeople Unlicensed for Over 90 Days**

- ☐ Current criminal record check from an approved provider

Reinstating Associate Brokers Unlicensed for Over 90 Days

- ☐ Current criminal record check from an approved provider