

APPLICATION INFORMATION FOR REAL ESTATE SALES ASSOCIATES AND BROKERS

QUALIFICATIONS

An applicant for licensure as a Sales Associate or Broker must be at least 18 years of age; hold a high school diploma or its equivalent and meet the qualifications of Chapter 475.17 Florida Statutes. Your signature on the Attest Statement is your affirmation that you have satisfied all of the qualifications requirements to include education and experience specified by Chapter 475.

You may access **Chapter 475 of the Florida Statutes** Online at:

www.MyFlorida.com/dbpr

- Click on “**Real Estate**”
- Click on “**Statutes & Rules**”

You may also access the **Rules of the Florida Real Estate Commission** online by following the above instructions.

IMPORTANT INFORMATION

Applicants are cautioned to read all questions thoroughly. To speed the processing of an application, be certain that the application is completely filled out, that all questions are answered truthfully and that any requested additional information is included with your application package. Please retain copies of all submitted documents. A false answer concerning background or qualification information will subject the applicant to denial or subsequent license disciplinary action. A fully completed application package must include:

DBPR 2000-1 form Application Requirements; Electronic Fingerprints record; Application Fee; Certified Official Transcripts, if applicable; Certification of Licensure History, if claiming out-of-state experience or Mutual Recognition

If you answered questions 1 – 4 in the affirmative, you must submit official documentation, including, but not limited to:

Question #1 – Arrest/Police reports, final court dispositions such as a certified copy of your judgement and sentence, letter from probation officer regarding probation status.

Question #2 – A certified copy of Judgement, Decree, or Satisfaction of Judgement.

Question #3 – A certified copy of an Order or any other documentation denying your application for licensure, certification or registration.

Question #4 - Official documentation such as administrative complaint, final order and/or any other documentation from agency wherein license was disciplined.

**APPLICATION INFORMATION FOR
REAL ESTATE SALES ASSOCIATES AND BROKERS
(Continued)**

If any of the above information was disclosed on a prior application – submit a notarized statement attesting to the previous disclosure and that there are no new charges. You must list all charges on every application that is submitted to the department.

FINGERPRINTS

New Mandatory Electronic Fingerprint Processing for Real Estate Sales Associate, Real Estate Broker and Real Estate Appraiser Applicants

Pursuant to Chapter 475, Florida Statutes, effective July 1, 2006, electronic fingerprinting is mandatory for all Real Estate Sales Associate, Real Estate Broker and Real Estate Appraiser applicants. Electronic fingerprinting allows applicants to have their fingerprints scanned and electronically submitted to the Florida Department of Law Enforcement (FDLE) and Federal Bureau of Investigation (FBI). Electronic fingerprinting reduces the likelihood of illegible fingerprints, missing information on the fingerprint card and ensures a more efficient application process.

Electronic Fingerprinting is located at various convenient sites throughout Florida (<https://www.myfloridalicense.com/efp3.html>). Reservations and payment can be made by visiting the Promissor reservation website at www.promissor.com (and selecting Fingerprinting Services or by calling the Promissor toll-free reservation number at 1.877.238.8232 (TTY 1.800.274.2617).

For detailed information on creating an account with Promissor and scheduling a reservation for electronic fingerprinting, please [review Promissor's Frequently Asked Questions](#).

For additional information on electronic fingerprinting please [review DBPR's Frequently Asked Questions](#).

NOTICE TO ATTORNEYS AND INDIVIDUALS WITH REAL ESTATE DEGREES

Florida Real Estate Commission Rule 61J2-3.008(8) & (9) of the Florida Administrative Code provides relief from certain educational requirements for Attorneys and individuals with 4-year Real Estate degrees only.

EXAMINATIONS

The State examination is administered in accordance with Section 455.217 of the Florida Statutes. An applicant will be notified when approved for examination, and must appear for examination within two years from the date the application was received by the Department of Business & Professional Regulation (DBPR). The application shall expire two years from the date received. The testing vendor will be notified, by DBPR, once the application has been approved. The testing vendor will contact applicants with the required testing administration information. The examination fee will be paid separately by the applicant to the testing vendor.

**APPLICATION INFORMATION FOR
REAL ESTATE SALES ASSOCIATES AND BROKERS
(Continued)**

NOTICE TO PERSONS WITH DISABILITIES

If you have a disability and require special accommodations in taking this examination, you must submit a "Request for Special Accommodations" application along with your application. If accommodations are not requested in advance, we cannot guarantee the availability of accommodations.

http://www.myflorida.com/dbpr/pro/testing/test_ada.shtml

EMPLOYMENT INFORMATION

Upon passing the examination, applicants will receive an inactive license but may request an active license upon securing employment by filing DBPR RE-2050 Change of Status form with the Division of Real Estate. If you need to start work immediately upon passing the examination, bring a completed DBPR RE-2050 Change of Status form to the exam site.

POST-LICENSE EDUCATION

In accordance with Florida Real Estate Commission Rule 61J2-3.020(1) of the Florida Administrative Code, all applicants for licensure who pass the state real estate broker or sales associate examination must satisfactorily complete a Commission prescribed or approved post-licensing course prior to the first renewal following initial licensure.

REFUNDS

Submitting this application and required fees implies your intent to pursue licensure. If you wish to withdraw your application you will only be entitled to the unused portion of fees paid. The department must receive your written request for a refund, per Chapter 215.26, F.S., no more than 3 years from date of payment.

If you have previously submitted an application, please contact the Division of Real Estate before submitting a second application.

BPR RE-2000 – Application Requirements



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**1940 North Monroe Street
Tallahassee, FL 32399-0783**

Application requirements vary depending on the license type being applied for. The following table provides detail of the required forms for the various types of applications. You can also apply or renew licenses online and make payments by credit card by viewing the **DBPR Online Services** section located at www.MyFloridaLicense.com. If you have any questions or need assistance in completing your application, please contact the Customer Contact Center at **(850) 487-1395**.

Please submit this checklist with your application.

Check Action Requested	License Type	Application Fee	Required Forms (By Form Number)
<input type="checkbox"/>	Sales Associate	\$105.00	0010-2, 0050-1, 0060-1, 2000, 2010-b
<input type="checkbox"/>	Sales Associate (Mutual Recognition)	\$105.00	0010-2, 0050-1, 0060-1, 2000, 2010-b
<input type="checkbox"/>	Broker	\$115.00	0010-2, 0050-1, 0060-1, 2000, 2010-b
<input type="checkbox"/>	Broker (Mutual Recognition)	\$115.00	0010-2, 0050-1, 0060-1, 2000, 2010-b
<input type="checkbox"/>	Registered Trainee Appraiser	\$230.00	0010-2, 0050-1, 0060-1, 2000, 2010-a, 2060
<input type="checkbox"/>	Certified Residential Appraiser	\$330.00	0010-2, 0050-1, 0060-1, 2000, 2010-a, 2300
<input type="checkbox"/>	Certified Residential Appraiser (Mutual Recognition)	\$330.00	0010-2, 0050-1, 0060-1, 2000, 2010-a, Letter of Good Standing
<input type="checkbox"/>	Certified General Appraiser	\$330.00	0010-2, 0050-1, 0060-1, 2000, 2010-a, 2300
<input type="checkbox"/>	Certified General Appraiser (Mutual Recognition)	\$330.00	0010-2, 0050-1, 0060-1, 2000, 2010-a, Letter of Good Standing
<input type="checkbox"/>	Non-Resident Temporary Appraisal Practice Permit	\$50.00	0010-2, 2000, 2020

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Please submit this checklist with your application.

Check Action Requested (Continued)	License Type	Application Fee	Required Forms (By Form Number)
<input type="checkbox"/>	Instructor – Real Estate	\$105.00	0010-2, 0030-1, 0050-1, 0060-1, 2000, 2010-b, 2030
<input type="checkbox"/>	Instructor – Residential Appraisal	\$105.00	0010-2, 0030-1, 0050-1, 0060-1, 2000, 2010-a, 2040
<input type="checkbox"/>	Instructor – General Appraisal	\$105.00	0010-2, 0030-1, 0050-1, 0060-1, 2000, 2010-a, 2040
<input type="checkbox"/>	School Chief Administrator	\$85.00	0010-2, 0030-1, 2000, 2070
<input type="checkbox"/>	New Corporations/ LLC/ Partnerships	\$95.00	0020-1, 0030-1, 0040-1, 2000, 2050, 2100 (Optional)
<input type="checkbox"/>	New Branch Office	\$85.00	2000, 2100
<input type="checkbox"/>	New School	\$135.00	0020-1, 0030-1, 0040-1, 2000, 2070
<input type="checkbox"/>	School Additional Location	\$50.00	0020-1, 0030-1, 2000, 2100
<input type="checkbox"/>	Corporate Amendment	NO FEE	0020-1, 0030-1, 0040-1, 2000, 2050
<input type="checkbox"/>	Sole Proprietor	NO FEE	0080-1, 2000, 2050

- Checks and Money Orders are accepted for applications received by mail.
- Please make checks or money orders payable to *DBPR - Division of Real Estate*.
- Please address mail to **DBPR – Bureau of Central Intake & Licensure** and use the address listed on this form.

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**

PERSONAL INFORMATION				
Social Security Number*				
Last Name	First	Middle	Title	Suffix
Birth Date (MM/DD/YYYY) / /		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		
Race/Ethnicity (check only one):				
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Native American or Alaskan Native		
<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> Spanish, Hispanic or Latino	<input type="checkbox"/> Other		
MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
BUSINESS LOCATION ADDRESS				
Business/Firm Name				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

ADDITIONAL CONTACT INFORMATION (OPTIONAL)	
Alternate Phone Number	Fax Number
Alternate E-Mail Address	

*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

PRIOR LICENSE INFORMATION			
If you currently or previously have held a business or professional license/registration in Florida or elsewhere, please list them below:			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	

BACKGROUND INFORMATION			
1.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withhold of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION WILL BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraudulent or dishonest dealing, or is there any such case or investigation pending?
3.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input type="checkbox"/>	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input type="checkbox"/>	Has any license, registration or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or withdrawn in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to questions 1 – 4 above, please provide the full details of any criminal conviction, lawsuit or judgment, or administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application. Please utilize form 0050-1 for your responses to questions 1 and 2, and form 0060-1 for your responses to questions 3 and 4. If you have more than seven offenses to document on form 0050-1, attach additional copies of form 0050-1 as necessary.

PRIOR NAME INFORMATION				
Have you used, been known as, or called by another name (example - maiden name, pseudonym, nickname) or alias other than the name signed to the application? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If your answer is yes, state name or names used below:				
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix

ATTEST STATEMENT

I have read the questions in this application and have answered them completely and truthfully to the best of my knowledge.

I have successfully completed the education, if any, required for the level of licensure, registration, or certification sought.

I have the amount of experience required, if any, for the level of licensure, registration, or certification sought.

I pledge to comply with the applicable standards of practice upon licensure, registration, or certification.

I understand the types of misconduct for which disciplinary proceedings may be initiated.

Giving knowingly misleading statements or knowing misrepresentation when applying for a license constitutes a felony of the third degree and may result in licensure denial or revocation.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature: _____

Print Name: _____

Social Security Number: _____



STATE OF FLORIDA
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NOTE – This form must be submitted as part of an entire application packet

APPLICANT INFORMATION				
Last Name	First	Middle	Title	Suffix

QUESTIONS	
Are you an Attorney in good standing with the Florida Bar Association? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide your Florida Bar Card #:	
Are you a high school graduate or the holder of an equivalency certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
SPECIAL ACCOMMODATIONS	
Do you wish to take an examination in Spanish? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please indicate if you require testing accommodations due to disability or religion. Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" contact the Bureau of Education and Testing at (850) 488-5952 for detailed information and application. All requests must be in writing and include supporting documents.	
MUTUAL RECOGNITION	
Are you requesting mutual recognition? Yes <input type="checkbox"/> No <input type="checkbox"/>	From what state are you requesting mutual recognition? **
CONSENT TO SERVICE	
Are you a Florida resident? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, please read and affirm Irrevocable Consent to Service statements below by checking BOTH items)	
NOTE: (The following Irrevocable Consent to Service is applicable to non-resident applicants only)	
<input type="checkbox"/> I agree, by becoming the holder of a Florida real estate license, to submit to the jurisdiction of the Department of Business and Professional Regulation and the Division of Administrative Hearings, which agreement is irrevocable.	
<input type="checkbox"/> I agree, by becoming the holder of a Florida real estate license, that the Director of the Division of Real Estate and his/her successors in office shall receive service of all legal process issued against me in any administrative or civil action or proceeding in this state, and process so served shall be valid and binding, which agreement is irrevocable. I further agree to file with the Division of Real Estate the designation of the name and address of the person to whom process served upon the Division Director is to be forwarded and to keep said designation current.	

** NOTE: Mutual Recognition is only with the following ten states: AL, AK, CO, GA, IN, KY, MS, NB, OK & TN.

DBPR 0050-1 – Explanatory Information for Background Questions



**STATE OF FLORIDA
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NOTE – This form must be submitted as part of an application packet

PERSONAL INFORMATION				
Last Name	First	Middle	Title	Suffix
Identify question number on form 0010-1 this explanation pertains to:				

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

Attach additional sheets as necessary

