

Montana Board of Realty Regulation

301 South Park Avenue 4th Floor

PO Box 200513

Helena MT 59620-0513

PHONE: 406-841-2354 FAX: 406-841-2323

E-MAIL: dlibsdrre@mt.gov WEBSITE: <http://www.realestate.mt.gov>

**APPLICATION PROCEDURES FOR REAL ESTATE SALESPERSON LICENSE
PLEASE ALLOW 10 TO 14 WORKING DAYS FOR PROCESSING AFTER
RECEIPT OF ALL REQUIRED DOCUMENTATION**

LICENSING REQUIREMENTS:

- Must be at least 18 years of age
- Must provide evidence of completion of 10th grade from an accredited high school or equivalent
- Must have completed 60 hours of pre-licensing instruction within the last 24 months from a school and instructor approved by the Board.
- Must have passed the Montana Salesperson Real Estate Examination with a score of 80% on the uniform portion and 70% on the state portion within the last 12 months.
- Your supervising broker must have held an active license in Montana for at least one year.

FEES FOR LICENSURE:

- \$ 122.50 application/recovery fee

Make check or money order payable to the Montana Board of Realty Regulation

DO NOT SEND CASH

APPLICATION PROCEDURES AND SUPPORTING DOCUMENTS: The following information and/or documentation is required. **A license will not be issued until all materials are received and approved.**

1. Completed application form and fees. (PRINT IN INK)
2. Verification of completion of 10th grade education or transcript, GED certificate, college diploma or transcript, or military discharge papers.
3. A license history from any licensing jurisdiction in which a current Real Estate license or in which a Real Estate license has been previously issued.
4. Proof of 60 hours of approved real estate pre-licensing education taken in the last 24 months. Submit a copy of the completion certificate.
5. Copy of AMP test results completed & passed within the last 12 months.
6. A 2x2 photo attached to the application form in the space provided. The AMP exam photo will be acceptable.

11. List all real estate salesperson examinations that you have taken and the results. Attach additional sheet if necessary.

State Taken In	Exam Date	Results

All applicants must answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a supplement sheet.

12. Have you ever been denied the right to take a licensure examination in any state?
If yes, attach a detailed explanation. Yes No

13. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)?
If yes, attach a detailed explanation. Yes No

14. Has your license (certificate) ever been forfeited or surrendered? If yes, attach a detailed explanation.
 Yes No

15. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct?
If yes, attach a detailed explanation. Yes No

16. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession? If yes, attach a detailed explanation. Yes No

17. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member?
If yes, attach a detailed explanation. Yes No

18. Have you ever been charged with or convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16th birthday. If yes, attach a detailed explanation and send in the final order court papers. Yes No

19. Have you ever been charged with fraud, formally or informally, in any civil proceeding?
If yes, attach a detailed explanation and send in the final order court papers. Yes No

20. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. Yes No

21. Have you, within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession?
If yes, attach a detailed explanation. Yes No

22. Do you currently hold any type of real estate license in Montana or another state? If yes, provide the following information: (Attach a supplement sheet if necessary.) Yes No

State/Province/Territory	License Number	Date Issued	Is It Current	Type of License
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana licensing program.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

I hereby declare that if a Montana Real Estate Salesperson's license is issued to me, I agree to conduct my Montana real estate business in accordance with the laws of Montana and the rules of the Board of Realty Regulation.

Legal Signature of Applicant

Dated

Complete this form only if you are applying for a reciprocal license from Alberta, Canada.
MONTANA BOARD OF REALTY REGULATION
BROKER'S/SALESPERSON'S AGREEMENT AND CONSENT TO JURISDICTION

I, _____, a duly licensed real estate broker/salesperson, resident in and am licensed by the State of _____ do hereby acknowledge, declare and state as follows:

1. That I have make application to the regulatory body of the State of _____ to grant a reciprocal license in said State. I acknowledge that I have read and fully understand the terms and provisions of the reciprocal agreement between the State of my residence and State of application.

2. I further understand and acknowledge that with respect to my activities in the State of my residence, that I shall continue to be subject to the statutes, rules and regulations of the regulatory body in said State. Further, I acknowledge that with respect to my activities under and pursuant to a reciprocal license issued in accordance with my application that I will be subject to the laws, rules and regulations of the applicant State and I do consent to the jurisdiction of the regulatory body of the applicant State with respect said activities.

3. I further understand and acknowledge that in the event of any investigation of my activities under the reciprocal license of the applicant State that the regulatory body of my State of residence may and will cooperate and assist in said investigation.

4. Further, I do acknowledge that I have signed this agreement with the understanding that it is a material part of my application for a reciprocal license in the applicant State in order to secure the issuance of such reciprocal license from said applicant State.

Done and dated this _____ day of _____, _____.

Signature of Broker/Salesperson – Applicant

Subscribed and sworn to by me this _____ day of _____, _____ at

City/State

Notary Public

SEAL

For the State of

My commission expires _____, _____.

For this service the Business Standards Division now accepts credit card payments using either Master Card or Visa or an electronic check (**please do not send cash**). You may fill in the appropriate form below to submit payments. **This document will be destroyed after the payment is processed.** For a complete list of services for which the division accepts credit card payments or e-checks, please see: <http://discoveringmontana.com/dli/bsd/forms.asp>.

Please check method of payment:

Visa

MasterCard

Amount to be billed: .

Credit Card #:

Expiration Date: /

Name on Card : _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE : _____

Important: This transaction will appear on your credit card statement as: **Discoveringmontana-SC.**

E-Check

Name: _____

Account Type: Checking Savings

Routing Number: _____

Account Number: _____

Amount to be billed: .

NAME: _____

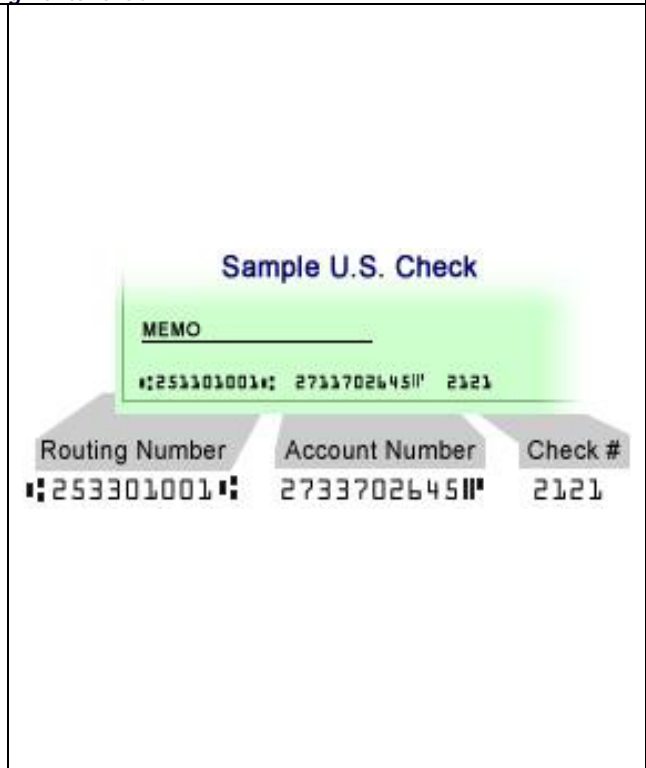
ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE : _____

Important: This transaction will appear on your bank statement as an electronic transaction with the words: **Montana Interact BSD-VT.**



*****TO PREVENT YOUR CREDIT CARD FROM BEING CHARGED TWICE DO NOT BOTH FAX AND MAIL THIS INFORMATION*****