



**State of Rhode Island
Department of Business Regulation
Division of Commercial Licensing
Real Estate Section
1511 Pontiac Ave, Bldg. 69-1
Cranston, RI 02920**

REQUIREMENTS FOR RECIPROCAL REAL ESTATE BROKER

The following requirements apply to Non-residents who reside in Connecticut or Massachusetts, who currently have an active Real Estate Broker license in either state.

Please submit the following:

- A completed Reciprocal Real Estate Broker Application
- A Criminal History Record (CHR) from the Rhode Island Department of the Attorney General located at 4 Howard Avenue, Cranston, RI 02920. Hours of operation are 8:30 am to 4:30 pm. For further questions about this process, you may contact the DAG at (401) 274-4400. A CHR/CORI from the applicant's home state law enforcement agency is also required.
- A Lead Poisoning/Lead Hazard Mitigation Certificate of Completion for three (3) hours (an approved Real Estate Pre-Licensing and Continuing Education Course List can be found on the DBR website at www.dbr.ri.gov)
- A Certificate of Errors and Omissions Insurance
- A Letter of Good Standing from home state's licensing authority
- An irrevocable Power of Attorney Form for service of process (included in application package)

Residents of Florida may apply for a Reciprocal Real Estate Broker's license in the state of Rhode Island through the Mutual Recognition Agreement, provided they first sit for the "state" portion of the examination and submit the above documentation. To schedule an examination, contact Pearson VUE at (800) 274-8922 or visit their website at www.pearsonvue.com .

FEES: Remit TWO separate Checks or Money Orders

- 1st Check - \$180, payable to the "RI General Treasurer"
- AND;**
- 2nd Check - \$25, payable to the "Real Estate Recovery Account."



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RECIPROCAL REAL ESTATE BROKER APPLICATION

Please print or type. Incomplete applications will be returned. Please allow 7-10 business days for processing.

1. APPLICANT INFORMATION		
Name:		SSN:
Date of Birth:	Age:	Legal Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Residential Address:		
City:	State:	Zip Code:
Phone Number:	Email Address:	
Present Occupation:		
Have you ever been refused a real estate broker's or salesperson's license in this or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever had any real estate license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of, or plead guilty or nolo contendere to forgery, embezzlement, obtaining money under false pretenses, bribery, larceny, extortion, conspiracy to defraud, or any other offenses of any type which would reasonably cause the Department to question your honesty, trustworthiness, integrity, good reputation or competency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. EMPLOYMENT INFORMATION		
Agency Name:		Phone Number:
Address:		
City:	State:	Zip Code:
Will you be the Principal Broker of the Agency listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Principal Broker Name:		RI License No.:
3. AFFIDAVIT(S) & SIGNATURE		
Tax Payer Status Affidavit Pursuant to R.I. Gen. Laws, Chapter 5-79, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due to the state, or must have entered into a written agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.		
Have you filed all required Rhode Island State tax returns, and have you paid all taxes owed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Affidavit of Application

I swear, under penalty of perjury that the information provided in connection with this application is true to the best of my knowledge, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny licensure by the Rhode Island Department of Business Regulation.

Signature of Applicant

Date of Signature (MM/DD/YY)

4. POWER OF ATTORNEY (Non-Residents ONLY)

I, _____, having applied to be licensed as a non-resident real estate broker in the State of Rhode Island, do hereby irrevocably appoint the Director of the Department of Business Regulation, his successor or successors, as my lawful attorney, upon whom all lawful process in any action or legal proceeding against me may be served in like manner and with the same legal force and effect as if I had been lawfully served with said process. As such, I do hereby authorize said attorney to receive and accept service of process, pursuant to the provisions of R.I. Gen. Laws § 5-20.5-10(d).

Signature of Applicant

Date of Signature (MM/DD/YY)

OFFICE USE ONLY

	Date
Date application was received:	
Letter of Good Standing Received:	
FL ONLY - State Test Score Report:	
Lead Poisoning/Lead Hazard Course Received:	
Errors and Omissions Insurance Received:	
CHR/CORI Received:	
License #.:	
Approval:	
Expiration:	