

## The Real Estate Trading Act Application for a Real Estate Salespersons Licence

**For Office Use Only**

Receipt No _____
Receipt Amount _____
Tracking No _____
Processed By _____

**Licence Type**

**1** Salesperson       Restricted Salesperson

**Applicant Information**

**2**

Last Name	First Name	Middle Name(s)
Residence / Cell Telephone No.	Residence Fax No.	E-Mail Address
Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth    Y Y Y Y    M M    D D /      /	Place of Birth
		Social Insurance Number

**Mailing Address**

**3**

Street Name and No.	
P.O. Box / R.R. No.	City/Town
Province	Postal Code

**Home Address**

**4**

Street Name and No.	
City/Town	
Province	

**Bond Information**

**5**

Bond Amount	Bond Number	Bonding Company
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**Criminal Record Screening**

**6**

Are there any outstanding or stayed charges against you alleging a criminal offence that was committed in any province, territory, state or country?      Yes       No

If yes, attach (1) the type of charge, (2) the date of the charge, (3) any trial or appeal dates, and (4) the court location.

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Have you ever been found guilty, pleaded no contest to, or granted an absolute or conditional discharge from any criminal offence that was committed in any province, territory, state or country?      Yes       No

If yes, attach (1) the offence, (2) the date found guilty, and (3) the disposition (any penalty or fine and the date any fine was paid).

**Certification and Undertaking of Applicant**

**7** I, the undersigned applicant, certify that the information given by me in this application is true and complete to the best of my knowledge and belief and hereby undertake to notify the Financial Services Regulation Division of the Department of Government Services in writing of any material change.

	Signature <input style="width: 100%;" type="text"/>	Date Y Y Y Y M M D D /      /
Witness Name (Please Print) <input style="width: 100%;" type="text"/>	Witness Signature <input style="width: 100%;" type="text"/>	Date Y Y Y Y M M D D /      /

**Approval of Employing Agency**

**8** We recommend the applicant as a fit and proper person to receive a licence and give notice that the applicant is authorized to represent the agent as a salesperson when the licence is issued and we will notify the Financial Services Regulation Division on the termination of employment of the licensee.

Agency Name <input style="width: 100%;" type="text"/>	Signature of Authorized Signing Officer <input style="width: 100%;" type="text"/>	Name of Authorized Signing Officer (please print) <input style="width: 100%;" type="text"/>	Date Y Y Y Y M M D D /      /
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**Routing Information**

**9** Please return completed form by mail to Financial Services Regulation Division, Department of Government Services, P. O. Box 8700, St. John's, NL Canada A1B 4J6 or by courier to Financial Services Regulation Division, 2nd Floor West Block, Confederation Building Prince Philip Parkway, St. John's, NL or for more information Telephone: (709) 729-2595 or Fax: (709) 729-3205.

**PRIVACY NOTICE**

The Financial Services Regulation Division collects Personal Information relating to real estate agents under the authority of the *Real Estate Trading Act*. Personal information collected by the Government of Newfoundland and Labrador is protected under the Access to Information and Privacy (ATIPPA) Act. If you have any questions about the collection or use of this information, please contact our office.