



Service NL

The Real Estate Trading Act Application for Real Estate Agent's Licence

For Office Use Only

Receipt No	_____
Receipt Amount	_____
Tracking No	_____
Effective Date	_____

1 Licence Type

Agent <input type="checkbox"/>	Restricted Agent <input type="checkbox"/>
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2 Type of Business

Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>
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3 Corporation or Partnership

Legal Name of Business

4 Sole Proprietor

Last Name	First Name	Middle Initial(s)
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5 Business Operating/Trade Name (if applicable)

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6 Name of Contact Person

Last Name	First Name	Middle Initial(s)
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7 Mailing Address of Business

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

8 Location of Business

Street Name and No.	
City/Town	
Province	

9 Business Information

Business Telephone	Business Fax	E-Mail Address	Business/Financial Year End
Location of Trust Account (Name/Branch)		Trust Account Number	

10 Designated Representative / Agent

Designated Representative/ Agent Name	Last Name	First Name	Middle Initial(s)
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11 Address for Service in Newfoundland

Street Name and No., P.O. Box / R.R. No.		
City/Town	Province	Postal Code
Telephone No.	Fax No.	E-Mail Address
Contact Person		

12 Signing Authorities
(Please indicate individuals who have signing authority on behalf of your business)

Name (please print)	Sample Signature

01 02 300 004a_2010 03

Branch Office Locations

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Will your business be operating from more than one location in Newfoundland and Labrador? Yes No

If yes, please attach a list of all branch office locations. Include the street address, operating name, telephone number, fax number and the name of the supervisor for each office.

Criminal Record Screening

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Are there any outstanding or stayed charges against you, the business, or any partners, officers, directors or the designated representative/agent of the business, 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.

Have you, the business, or any partners, officers, directors or the designated representative/agent of the business, 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).

Personal Information

(to be completed by a sole proprietor or the designated representative/agent for a corporation or partnership)

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

Certification

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I certify that I am the applicant, or an officer, director or partner of the applicant and am properly authorized to make this application; that all applicable municipal, provincial and federal laws shall be observed; that all the information given by me is true and complete and that I realize failure to provide full and true information may result in suspension or revocation of the licence.

Name (please print) <input style="width:90%;" type="text"/>	Signature of Applicant, Officer, Director or Partner <input style="width:90%;" type="text"/>	Date <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td>M</td><td>M</td> <td>D</td><td>D</td> </tr> <tr> <td colspan="2"></td><td>/</td><td colspan="2"></td><td>/</td><td colspan="2"></td> </tr> </table>	Y	Y	Y	Y	M	M	D	D			/			/		
Y	Y	Y	Y	M	M	D	D											
		/			/													

Routing Information

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Please return completed form by mail to Financial Services Regulation Division, Service NL, 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 (ATIPP) Act*. If you have any questions about the collection or use of this information, please contact our office.