



STATE OF MARYLAND
 DEPARTMENT OF LABOR
 DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
 REAL ESTATE COMMISSION OF MARYLAND
 100 S. CHARLES ST., TOWER 1 BALTIMORE, MD 21201
 MREC e-mail dlmrec-labor@maryland.gov <http://www.labor.maryland.gov/license/mrec>
 (410) 230-6200 /TTY users call Maryland Relay Service 1-800-735-2258

DO NOT WRITE IN THIS SPACE

Date Rec'd _____
 Lic. Reg. Cert No _____
 Certified By _____
 License Fee _____
 Guaranty Fund Fee _____
 Total Fee \$ _____
 CK () MO ()

**FEE MUST BE REMITTED BY CHECK OR MONEY ORDER ONLY
 MADE PAYABLE TO MARYLAND REAL ESTATE COMMISSION
 DO NOT SEND CASH OR CREDIT CARD INFO**

NO TYPED SIGNATURES

CASHED CHECKS OR MONEY ORDERS DOESN'T MEAN APPLICATION IS APPROVED

**MARYLAND APPLICATION FOR AN
ORIGINAL BROKER LICENSE**

I hereby make application for registration for an **ORIGINAL** Real Estate Broker license under the provisions of the Annotated Code of Maryland, Business Occupations and Professions, Title 17, Sections 17-101 thru 17-702, with which I am familiar. Further I hereby certify that I have read and understand the Law including the Code of Ethics and will abide by and comply with the same.

Are you upgrading or downgrading a current license? Check ONE

____ **UPGRADE** ____ **DOWNGRADE**
Of what license number? _____

FEES

Biennial	\$191.00	
Guaranty Fee	\$ 20.00	(fee for every original license if not previously paid in this category)
TOTAL	\$211.00 (OR) \$191.00	

Name (Please print in full) _____
 FIRST MIDDLE LAST

Trade Name _____

Main Office Address _____
 STREET OR RURAL ROUTE

CITY COUNTY STATE ZIP CODE TELEPHONE/FAX NUMBER

My/our ESCROW ACCOUNT NUMBER/s _____

Name of BANK/S _____ Branch Office _____

Escrow signature(s) as appears on Maryland bank registration card:

A. _____ B. _____

BROKER'S SIGNATURE

DESIGNATED ALTERNATE'S SIGNATURE / LICENSEE #

I/we hereby authorize the above BANK/s to allow, at any time a representative of the Real Estate Commission of Maryland to examine and to audit the aforementioned ESCROW ACCOUNT/s.

Please list the names of all owners and any familial relationships between the owner or officers having ownership interest in the above company and whether or not each is licensed in Maryland. See Title § 511(3, 1, 2)b. Use additional sheets of paper, if necessary. Percentages MUST equal 100%.

NAME	TITLE	LIC'D YES/NO	TYPE OF LICENSE AND MARYLAND LICENSE NUMBER	SOLE PROPRIETORSHIP YES/NO	% OF INTEREST

INDICATE RELATIONSHIP TO OWNER: _____

1. Do you understand the duties and obligations of a principal broker? _____ YES _____ NO
2. DO YOU HOLD A REAL ESTATE LICENSE IN ANY OTHER STATE? _____ YES _____ NO If "YES", IN WHAT CAPACITY? LIST OTHER STATES ON A SEPARATE SHEET OF PAPER AND ATTACH IF MORE SPACE IS NEEDED.

LICENSE NO. _____ STATE _____ TYPE OF LICENSE _____ EXPIRATION DATE _____

LICENSE NO. _____ STATE _____ TYPE OF LICENSE _____ EXPIRATION DATE _____

**CONDUCT
SINCE ISSUANCE OF YOUR LAST ORIGINAL LICENSE OR LAST RENEWAL:**

1. Have you ever been convicted of a felony or misdemeanor in any State or Federal Court? _____ Yes _____ No If you answered "YES", please provide a True Test Copy of your record AND a signed letter from the broker indicating you have made him/her aware of your record.
2. Have you ever had a real estate license denied, suspended or revoked or subjected to a disciplinary action in Maryland or any other state? including the District of Columbia? _____ Yes _____ No If you answered "YES", give details in a separate statement and attach hereto.

CERTIFICATION REQUIRED – Business and Professions Article, Section 1-203

1. I do hereby affirm under penalty of perjury that I am in compliance with the Worker's Compensation Law (Article 101, Section 1 through 102, Annotated Code of Maryland) in that:
- () (a) I am not an employer required to provide employee coverage by the Workers' Compensation Law; or
- () (b) I am an employer required to provide employee coverage by the Workers' Compensation Law and have secured such coverage. As evidence of such coverage, the following is submitted:
- Name of Insurance Company _____ Policy/Binder No. _____

2. () I do not operate a business that would require me to pay taxes and unemployment contributions to the Comptroller or the Department of Labor, Licensing and Regulation.
- () I certify that I do operate a business and that I have paid all undisputed taxes and unemployment insurance contributions payable to the Comptroller or the Department of Labor, Licensing and Regulation or have provided for payment in a manner satisfactory to the unit responsible for collection.

I HEREBY CERTIFY, UNDER PENALTY OF LAW, THAT THE INFORMATION HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AUTHORIZE RELEASE OF ANY INFORMATION IN THIS APPLICATION TO AN AUTHORIZED REPRESENTATIVE OF DLLR FOR FURTHER INVESTIGATION.

SIGNATURE OF APPLICANT	DATE OF BIRTH	BIRTH PLACE (CITY-STATE)	SOCIAL SECURITY NUMBER
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HOME ADDRESS OF APPLICANT	NUMBER & STREET	TELEPHONE NUMBER
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CITY	COUNTY	STATE	ZIP CODE
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DATE OF APPLICATION	PRIVATE EMAIL ADDRESS (REQUIRED)	PUBLIC EMAIL ADDRESS
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BEFORE MAILING:

- * REVIEW YOUR APPLICATION. **INCOMPLETE APPLICATIONS WILL BE RETURNED AND YOUR MONEY WILL BE REFUNDED AND IT TAKE UP TO 8-10 WEEKS TO RECEIVE THE REFUND.**
- * **ADDRESS CAN NOT BE THE SAME AS YOUR CURRENT COMPANY(S) ADDRESS**
- * Confirm that you have a letter of no conflict if you hold an associate broker or salesperson license with a different company then this one.
- * Confirm the correct fee is attached.
- * Attached a credit report not more than six months old that searches public records.
- * Attached a complete franchise agreement, if applicable.
- * Attached Articles of Incorporation/Organization and trade name registration **APPROVED and in good standing** by the **Maryland** Department of Assessment & Taxation (410-767-1340).
- * If you are operating as a sole proprietor you must register with the Department of Assessments and Taxation and submit proof your company is registered and current or in good standing, along with your articles of organization.
- * If taking over an existing company, please refer to the instruction sheet for change of brokers on our website. If you have any further question in reference to the change once, you have read the instruction sheet call the office at 410-230-6200. All applications and payments **MUST** be received together for proper processing, if not the applications will be returned.

Revised 2/5/25

Please read §17-514 below and place a check in the box with your initials acknowledging you have read and understand the irrevocable consent agreement. _____

§17-514.

(a) A nonresident applicant for a license shall submit to the Commission an irrevocable consent, as provided under this section.

(b) The consent required under this section shall:

(1) specify that service of process on the executive director of the Commission shall bind the applicant in any action, suit, or proceeding brought against the applicant;

(2) specify that an action, suit, or proceeding may be brought against the applicant in any county in which:

(i) the cause of action arose; or

(ii) the plaintiff resides;

(3) specify that the consent is irrevocable; and

(4) be signed by the applicant.

(c) The Commission may not issue a license to a nonresident applicant, unless the nonresident applicant complies with the requirements of subsections (a) and (b) of this section.

(d) (1) Subject to paragraph (2) of this subsection, service of process on the executive director of the Commission binds any person who has submitted a consent to the Commission, as required under this section.

(2) If service of process is made on the executive director of the Commission as authorized under this section, the person filing immediately shall:

(i) submit a copy of the filing to the Commission; and

(ii) send a copy of the filing, by certified mail, return receipt requested, to the principal office of the person against whom the action, suit, or proceeding is directed.

(3) As to any person who submits a consent as required under this section, any action, suit, or proceeding may be brought in any county of the State in which:

(i) the cause of action arose; or

(ii) the plaintiff resides.

Please read §17-515 below and place a check in the box with your initials acknowledging you have read and understand the irrevocable consent agreement. _____

§17-515.

(a) If any of the following acts are performed by a nonresident real estate broker, nonresident associate real estate broker, or nonresident real estate salesperson, the act shall constitute an irrevocable consent, as provided in subsection (b) of this section:

- (1) participating in any real estate transaction in the State; or
- (2) dividing fees or holding deposits from any real estate transaction in

the State.

(b) A consent arising under this section shall have the same effect and be subject to the same procedures for service of process as a consent submitted under § 17-514 of this subtitle.