



LICENSE ISSUANCE FORM

I am seeking licensure as a Salesperson
License Fee \$100.00

I am seeking licensure as an Associate Broker
(Self-employed Broker Information below)
License Fee \$130.00

\$30.00 Processing Fee Charged For All Returned Payments

Salesperson/Associate Broker - Agreement to Be Employed

I hereby request that my real estate salesperson's/associate broker's license be issued:

to inactive status **OR:** active status, to the office of _____,
located at _____, effective on: (date) _____,
Email Address: _____.

If contact address is other than main office:

(Signature of Salesperson/Associate Broker Applicant) (_____) _____
(Phone Number)

New Employing Broker - Agreement to Employ

(NOT APPLICABLE IF SEEKING INACTIVE LICENSURE)

I hereby agree to employ _____ effective on (date) _____,
(real estate salesperson/associate broker)

Chapter 2-001 of the Rules and Regulations of the Nebraska Real Estate Commission provides as follows: "It shall be presumed that a duly licensed broker whose principal business is other than that of a real estate broker is unable to supervise licensed employees and said broker shall not be allowed to employ a real estate salesperson or associate broker until such presumption is overcome by satisfactory evidence to the contrary."

I hereby certify that I have read and understand the above rule and that:

My principal business is that of a real estate broker.
 My principal business is not that of a real estate broker, but I have obtained authorization from the Real Estate Commission to employ real estate salespeople or associate brokers.

(Signature of Employing Broker or Person authorized to sign for the firm) _____ (_____) _____
(Name of Firm) (Phone Number)

I am seeking licensure as a Self-employed Broker

License Fee \$130.00
(\$35.00 Processing Fee Charged For all Returned Payments)

I want my license issued on inactive status, **OR:** I will be doing business in the following manner:
 as an individual broker under my own name i.e. John Jones, Broker
 under a Trade Name(s)
 as a corporation
 as a partnership
 as a limited liability company

(Signature of Broker Applicant) _____ (Date) _____ (Email Address)

(Name of Firm) _____ (Business Address)

Payment information - FEES ARE NOT REFUNDABLE

Cash Check Credit Card

Credit Card Payment Option: VISA MasterCard (Please note: debit cards are not accepted)

Credit Card Number: _____ Card Expiration Date: Month _____ Year _____

Cardmember's Signature: _____