

NEBRASKA REAL ESTATE COMMISSION
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Lincoln, NE 68509-4667



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DESIGNATED BROKER LICENSE ISSUANCE FORM

Neb. Rev. Stat. §§81-885.13(6) ... Within thirty days after passing the examination the applicant must complete all requirements necessary for the issuance of a license... Non-Residents must comply with the above stated statute and must complete all the requirements necessary for issuance of a license within 30 days of the Certification of License History issuance date.

_____ **I am seeking licensure as a Self-Employed Broker**
License Fee \$110.00

\$30.00 Processing Fee Charged For All Returned Payments

I hereby request that my real estate broker's license be 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 or Professional Corporation
- _____ as a Partnership, LP or LLP
- _____ as a Limited Liability Company

Please select one of the following: ___ I do OR ___ I do not intend to engage in the practice of property management.

I hereby certify the following: (Each line must be initialed)

- _____ I understand that my license will be placed on inactive status if I fail to provide proof of completion of the 12 hour post license education course #7000 within 180 days of licensure. (Nebraska Residents Only) *Note: Course is valid for four years from the date of completion for any license application.
- _____ I will submit the Agency Policy within 30 days of being licensed.
- _____ I have read and understand the provisions of the Nebraska Real Estate License Act.
- _____ I understand that it is my responsibility to maintain records of the salespersons and associate brokers in my employment at all times, and notify the Commission immediately upon termination of employment of such salespersons or associate brokers.
- _____ I understand that before I may act as a designated broker for any other licensee, I must receive authorization by the Commission or meet the designated broker education requirement.
- _____ I will endeavor to conduct my business in a strictly legitimate and ethical manner.

(Signature of Broker Applicant)

Please Print Broker Applicant's Name

(Business Name(s) as filed with the Nebraska Secretary of State)

(Business Address)

(Email Address)

(_____)_____
(Phone Number)