

REAL ESTATE SALESPERSON LICENSE APPLICATION CHECKLIST (For New, Renewal, and Transfer)

*Applications will <u>NOT</u> be accepted unless documents on checklist are complete.

(For information & clarification of Real Estate Laws, visit <u>http://www.guamcourts.org/CompilerofLaws/GCA/21gca/21gc104.PDF</u> 21GCA, Div 3, Article 2)

🗌 1. Арр] 1. Application MUST be typewritten. (For new, renewal, and transfer).							
🗌 2. App	2. Application MUST be notarized. (For new, renewal, and transfer).							
🗌 3. Pas	ssport Picture (For new, renewal, and transfer).							
	of of Residency – e.g., current utility bill, Voter Registration, Taxes filed in Guam, tary Orders, Mayor's Verification, Guam Driver's License/ID. (<i>For new only</i>).							
	ter of Appointment of Salesperson endorsed by the Principal Broker. (For new, newal, and transfer).							
	W APPLICANT – Examination Score of 75% or higher on Uniform and State minations. (For new only).							
🗌 7. Edu	ucation Requirement – (For new and renewal).							
	 New Applicant: 30 hours pre-licensing education 1st Renewal: 45 hours continuing education 2nd Renewal: 24 hours continuing education 							
🗌 8. For	m I-9 Tax Clearance – Valid for 90 days (For new, renewal, and transfer).							
9. Police Clearance – Valid for 30 days (For new, renewal, and transfer).								
10.Lice	ense Terms and Fees: *EXPIRED LICENSE							
	 Original (New) Salesperson: 2-year → \$100.00 Renewal Salesperson: 4-year → \$200.00 Transfer: \$25.00 							

fee.

amount of the license

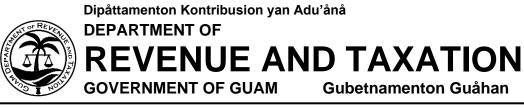
ORIGINAL APPLICATION FOR	DO NOT WRITE IN BLANK SPACES BELOW		
TERI	NUMBER.		
DEPARTMENT			
P	STATE COMMISSION	EXAM SCORE: A	
G.M	LF., GUAM 5692:	B	
S	ocial Security No.:	-	
	SPACE RESERVED FOR COMMISSIO	DNER	
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	FORM FOR SALESMAN - (ORIGIN	AL)	
NUST BE TAKEN IN THE YEAR OF W	HICH APPLICATION IS MADE. Section 21 GCA or license (or Information furnished to the commission)	te make check payable to Treasurer of Guam (that for which this application is made EXAMINATION \$104303 states. That an application may be denied to in)	
ANSWER ALL OUESTIONS AND HAVE	ALL AFFIDAVITS NOTARIZED. Date	20	
		Place of Birth	
(a) YOUR NAME (Last Name First, G	lor the Year 20 Date of Binh	Place or Birth	
Mc-Mrs-Miss			
	ele lhe exect name as it will be used on letterheads (or in ads)	
(c) WILL YOU BE THE SOLE OWNE	A OF YOUR REAL ESTATE BUSINESS? (N SO, 84	plan in separate letter)	
YES NO			
2 (a) HOME ADDRESS (Number, Stree	i, City. State and Zip Code)		
(t) BUSINESS ADDRESS OF BROK	ISA		
(c) STATE WHERE YOU HAVE LIVE	ED FOR THE PAST FIVE YEARS (Gring Mumber,	Sanal, Cry State)	
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TAX CLEARANCE APPLICATION FORM Form I-9

Name:			
Doing Business As (D	BA) Name, if any:		
SSN:		EIN:	
GRT Account Number	r:		
Type of License Appli	ed:		
	[] New	[] Renewal	
Office Address:			
Business Mailing Add	ress:		
Phone Numbers: (H) _	(C)	(W)_	
Email Address:			
	(A	uthorized Signature)	
	(11	f Entity , Print Name and Title of A	uthorized Signer)
	(DO NOT T	YPE BELOW THIS LINE)	
The above-stated a		by tax clearance for issuance e. (Branch stamps below)	of New / Renewal Business
(1) GRT/ISBRE	(2) General Licensing *For Corporations & LLC's only	(3) ITAPB	(4) COLLECTIONS
Cleared By: Date:	Cleared By: Date:	Cleared By: Date:	Cleared By: Date: