## REAL ESTATE SALESPERSON LICENSE APPLICATION CHECKLIST (New and Transfer)

\*Applications will NOT be accepted unless all documents are complete.

(For information & clarification of Real Estate Laws, visit <a href="www.justice.gov.gu">www.justice.gov.gu</a> 21GCA, Div 3, Article 2)

<u> </u>	Application MUST be typewritten.							
<u> </u>	2. Application MUST be notarized.							
☐ 3.	3. Passport Picture							
<u> </u>	] 4. Letter of Appointment of salesperson endorsed by the Principal Broker.							
☐ 5.	☐ 5. NEW APPLICANT – Examination Score of 75% or higher on Uniform and State examinations.							
□ 6.	☐ 6. Education Requirement							
	<ul> <li>New App</li> <li>1<sup>st</sup> Rene</li> <li>2<sup>nd</sup> Rene</li> </ul>	wal: 45	hours pre-licensing education hours continuing education hours continuing education					
☐ 7. Form I-9 Tax Clearance – Valid for 90 days								
☐ 8. Police Clearance – Valid for 30 days								
9. License Terms and Fees:								
	_	Salesperson: Salesperson:	2-year → \$100.00 4-year → \$200.00					

\*EXPIRED LICENSE RENEWAL PENALTY – The renewal of an expired license is subject to 50% penalty of the total amount of the license fee.

	A LICENSE AS A REAL ESTATE SALESMAN	DO NOT WRITE IN BLANK SPACES BELOW			
	RITORY OF GUAM				
DEPARTMENT	OF REVENUE AND TAXATION	NUMBER:EXAM SCORE: AB			
	STATE COMMISSION P.O. BOX 23507				
G.M	I.F., GUAM 96921				
S	ocial Security No.:				
	SPACE RESERVED FOR COMMISS	IONER			
CHECK BY RECEIPT	FROM	ENTERED			
DATE GRAFFED BY COMMISSIONER	NTE GRAVITED BY COMMISSIONER DATE SIGNED				
	FORM FOR SALESMAN - (ORIGI	NAL)			
	office at the above address along with \$100 Plea				
MUST BE TAKEN IN THE YEAR OF W material misstatement in the application I	HICH APPLICATION IS MADE. Section 21 GCA or license (or information furnished to the commission)	og that for which this application is made. EXAMINATIONS §104303 states. That an application may be denied for a ion).			
What is your business address					
ANSWER ALL QUESTIONS AND HAVE	ALL AFFIDAVITS NOTARIZED. Date:	. 20			
		Place of Birth			
	for the Year 20 Date of Birth	Place of Birth			
Application for Real Estate Sales License  1. (a) YOUR NAME (Last Name First, Go	for the Year 20 Date of Birth	Place of Birth			
Application for Real Estate Sales License  1. (a) YOUR NAME (Last Name First, Gi MrMrsMiss	for the Year 20 Date of Birth				
Application for Real Estate Sales License  1. (a) YOUR NAME (Last Name First, G. MrMrsMiss (b) NAME OF BROKER (Please Indic.)	lor the Year 20 Date of Birth over Name, Middle Name or Initial) ate the exact name as it will be used on letterheads	or in eds)			
Application for Real Estate Sales License  1. (a) YOUR NAME (Last Name First, G. MrMrsMiss (b) NAME OF BROKER (Please Indic.)	kor the Year 20 Date of Birth ven Name, Middle Name or Initial)	or in eds)			
Application for Real Estate Sales License  1. (a) YOUR NAME (Last Name First, G.  MrMrsMiss (b) NAME OF BROKER (Please Indic.  (c) WILL YOU BE THE SOLE OWNED YES NO	e for the Year 20 Date of Birth iven Name, Middle Name or Initial) ate the exact name as it will be used on letterheads	or in eds)			
Application for Real Estate Sales License  1. (a) YOUR NAME (Last Name First, G. MrMrsMiss (b) NAME OF BROKER (Please Indic.) (c) WILL YOU BE THE SOLE OWNE	e for the Year 20 Date of Birth iven Name, Middle Name or Initial) ate the exact name as it will be used on letterheads	or in eds)			
Application for Real Estate Sales License  1. (a) YOUR NAME (Last Name First, G. MrMrsMiss (b) NAME OF BROKER (Please Indicate) (c) WILL YOU BE THE SOLE OWNED YES NO  2. (a) HOME ADDRESS (Number, Street)	tor the Year 20 Date of Birth ven Name, Middle Name or Inihal)  are the exact name as it will be used on letterheads  ER OF YOUR REAL ESTATE BUSINESS? (If so, e.	or in eds)			
Application for Real Estate Sales License  1. (a) YOUR NAME (Last Name First, G.  MrMrsMiss (b) NAME OF BROKER (Please Indic.  (c) WILL YOU BE THE SOLE OWNED YES NO	tor the Year 20 Date of Birth ven Name, Middle Name or Inihal)  are the exact name as it will be used on letterheads  ER OF YOUR REAL ESTATE BUSINESS? (If so, e.	or in eds)			
Application for Real Estate Sales License  1. (a) YOUR NAME (Last Name First, G. MrMrsMiss (b) NAME OF BROKER (Please Indicate) (c) WILL YOU BE THE SOLE OWNED YES NO  2. (a) HOME ADDRESS (Number, Street) (b) BUSINESS ADDRESS OF BROKEN	tor the Year 20 Date of Birth ven Name, Middle Name or Inihal)  ale the exact name as it will be used on letterheads  ER OF YOUR REAL ESTATE BUSINESS? (If so, e	or in eds) explain in separate letter)			
Application for Real Estate Sales License  1. (a) YOUR NAME (Last Name First, G. MrMrsMiss (b) NAME OF BROKER (Please Indicate) (c) WILL YOU BE THE SOLE OWNED YES NO  2. (a) HOME ADDRESS (Number, Street) (b) BUSINESS ADDRESS OF BROKEN	tor the Year 20 Date of Birth ven Name, Middle Name or Inihal)  are the exact name as it will be used on letterheads  ER OF YOUR REAL ESTATE BUSINESS? (If so, e.	or in eds) explain in separate letter)			
Application for Real Estate Sales License  1. (a) YOUR NAME (Last Name First, G. MrMrsMiss (b) NAME OF BROKER (Please Indicate) (c) WILL YOU BE THE SOLE OWNED YES NO  2. (a) HOME ADDRESS (Number, Street) (b) BUSINESS ADDRESS OF BROKEN	tor the Year 20 Date of Birth ven Name, Middle Name or Inihal)  ale the exact name as it will be used on letterheads  ER OF YOUR REAL ESTATE BUSINESS? (If so, e	or in eds) explain in separate letter)			
Application for Real Estate Sales License  1. (a) YOUR NAME (Last Name First, G. MrMrsMiss (b) NAME OF BROKER (Please Indicate) (c) WILL YOU BE THE SOLE OWNED YES NO  2. (a) HOME ADDRESS (Number, Street) (b) BUSINESS ADDRESS OF BROKEN	tor the Year 20 Date of Birth ven Name, Middle Name or Inihal)  ale the exact name as it will be used on letterheads  ER OF YOUR REAL ESTATE BUSINESS? (If so, e	or in eds) explain in separate letter)			
Application for Real Estate Sales License  1. (a) YOUR NAME (Last Name First, G. MrMrsMiss (b) NAME OF BROKER (Please Indicate) (c) WILL YOU BE THE SOLE OWNED YES NO  2. (a) HOME ADDRESS (Number, Street) (b) BUSINESS ADDRESS OF BROKEN	tor the Year 20 Date of Birth ven Name, Middle Name or Inihal)  ale the exact name as it will be used on letterheads  ER OF YOUR REAL ESTATE BUSINESS? (If so, e	or in eds) explain in separate letter)			
Application for Real Estate Sales License  1. (a) YOUR NAME (Last Name First, G. MrMrsMiss (b) NAME OF BROKER (Please Indicate) (c) WILL YOU BE THE SOLE OWNED YES NO  2. (a) HOME ADDRESS (Number, Street) (b) BUSINESS ADDRESS OF BROKEN	tor the Year 20 Date of Birth ven Name, Middle Name or Inihal)  ale the exact name as it will be used on letterheads  ER OF YOUR REAL ESTATE BUSINESS? (If so, e	or in eds) explain in separate letter)			
Application for Real Estate Sales License  1. (a) YOUR NAME (Last Name First, G. MrMrsMiss (b) NAME OF BROKER (Please Indicate) (c) WILL YOU BE THE SOLE OWNED YES NO  2. (a) HOME ADDRESS (Number, Street) (b) BUSINESS ADDRESS OF BROKEN	tor the Year 20 Date of Birth ven Name, Middle Name or Inihal)  ale the exact name as it will be used on letterheads  ER OF YOUR REAL ESTATE BUSINESS? (If so, e	or in eds) explain in separate letter)			
Application for Real Estate Sales License  1. (a) YOUR NAME (Last Name First, G. MrMrsMiss (b) NAME OF BROKER (Please Indic.)  (c) WILL YOU BE THE SOLE OWNE  YES NO  2. (a) HOME ADDRESS (Number, Stree  (b) BUSINESS ADDRESS OF BROK  (c) STATE WHERE YOU HAVE LIVE	tor the Year 20 Date of Birth ven Name, Middle Name or Inihal)  ale the exact name as it will be used on letterheads  ER OF YOUR REAL ESTATE BUSINESS? (If so, e	or in eds) explain in separate letter) , Street, City, State)			

The Guarn Real Estate Commission reserves the right to go outside this application for information as to the applicant's trustworthiness and competency to act as a real estate salesman.

4. (CIRCLE THE HIGHEST GRADE YOU COMPLETED IN GRADE OR HIGH SCHOOL

1 2 3 4 5 6 7 8 9 10 11 12

5. NAME AND LOCATION OF HIGH SCHOOL ATTENDED.

GRADUATED? DATE

	E AND LOCATION OF EGE OR UNIVERSITY		TTENDED and Year)	DEGREE C	DAT			MAJO	R FIELD	AND REMARKS
						17	15			
						_	_			
		1								
DESCRIBE	ANY EDUCATION OR TRAIN	NC VOLLUA	VE NOT CO	WEDED IN CO	CTION	E 4 6	AAID	E /umas	thought co	had kinings out
	ence courses, apprenticeships, a									nous Dusiness Lune
001103001101	Crico addribos) appressassos sperio		7 1000 001010	30.00.00						
		-			-		_			The second second second
HAVE YOU	EVER APPLIED FOR A REAL E	STATE LICE	NSE IN ANY	OTHER STAT	E?	WHK	CH ST	TE?		WHEN
YES	NO									
	R SALESMAN OR BROKER?	I HAS YO	UR LICENS	E OR APPLIC	ATION E	VER	BEEN	DENIED	. WITHD	RAWN, REVOKED
				Y OTHER STA			YES	NO		
OUR ANSW	ER IS "YES", FOR WHAT REAS	ON?								
S I NO I	9. HAVE THERE EVER BEEN	ANY PROCE	EDINGS IN	WHICH YOU	WERE II	WOV.	/ED EI	THERA	S PI AINT	TIES OF DESENDAN
<del>11.01</del>	IN WHICH FRAUD OR MIS							TI ISTIT	DI LINE	IN CHEELENDA
	10. HAVE YOU BEEN A PART	DEFENDAN	T IN ANY C	RIMINAL OR N	NEDEM	EANO	R PRC	CEEDIN	IGS?	
╃╀┾══╅╌┼╌	11. HAVE YOU BEEN ARREST	ED2 (Da set	lugh win to the			San III	/	then CO	£ 001	
	II. HAVE TOU BEEN ARREST	בשי נשם חסו	include trans	C Violations Wi	lare (ne	nna w	92 1622	inan 32	3.00)	
╃╁╀╼╼╂╶┼╌	12. HAVE YOU, OR CORPORA	TION OR PA	RTNERSHIP	OF WHICH Y	OU ARE	OR	WERE	AN OFF	CER OR	PARTNER EVER
ШЦ	BEEN INVOLVED IN BANK	RUPTCY OR	RECEIVERS	SHIP PROCEE	DINGS					
	13. ARE THERE ANY JUDGEN	ENTS, MECH	IANIC OR M	ATERIALMEN	'S LIEN	SOR	TAX LI	ENS OF	RECOR	AGAINST YOU OF
	CORPORATION OR PART ELSEWHERE?	NERSHIP O	F WHICH Y	YOU ARE OR	WERE	AN	OFFIC	ER OR	PARTN	ER, IN GUAM OF
If your answ	ver is "Yes" to questions 11 throu	oh 15. cive d	etalls in a se	marate letter a	nd attac	h lo th	is ann	ication s	howing c	uch wine in (altum
and amount	(s) of ludgement(s), names of cre	ditor(s) and a	n explanation	n how and whe	n vou in	tend t	o satis	v sald iu	dcement	
ATTACH RE	CENT PHOTOGRAPH OF YOU	RSELF (Phot	ograph must	be attached b	efore ap	olicati	on will	be proce	ssed)	
			11.77.2 4 Table			-				
1										

Give names of three or more other persons     COMMISSION may refer as to your trustworthin     NAME		OCCUPATION			ADDRESS			
				-				
				-				
17. Give a complete of	thronological record of your occ	upation for the last fiv	e years up to and includi	ng date o	of filing this application.	PLOYMENT		
KIND OF WORK	NAME OF EMPLOYER	EMI (/	PLOYER'S ADDRESS Number, Street City)		FROM (month, day, year)	(month, day, ye		
	1.							
					(4)			
				7				
				_				

THI CHAINEAL I	OF REAL ESTATE SALESMAN					
<ol> <li>I have read the foregoing information statement and believe the information contained therein to be true and complete and have no knowledge the contrary.</li> </ol>						
I hereby appoint	01					
As Real Estate Salesman and agree to notify the Real Estate	Commissioner immediately upon the termination of his employment and surrender if of Title LXIII, and certify that said competent and trustworthy to engage in such					
ROKER	BY: (Person authorized to sign)					
	TITLE:					
AFFID	AVIT OF SALESMAN					
9. Territory of Guam						
NAME OF APPLICANT						
ame is true and correct. UBSCRIBED AND SWORN TO BEFORE ME THIS DAY OF	F APPLICANT SIGNATURE					
OTARY PUBLIC G	UAM					
Y COMMISSION EXPIRES						
GROSS RECEIPTS TAX CLEARANCE:						

## TAX CLEARANCE APPLICATION FORM Form 1-9

Name:			
Doing Business As (D	BA) Name, if any:		
SSN:	EIN	:	
	:		
Type of License Appli	ed:		
	New	Renewal	
Office Address:			
Business Mailing Add	ress:		
Phone Numbers: (H) _	(C)	(W	)
Email Address:			1
	W 1		
	(Autho	rized Signature)	
	(If Ent	ity, Print Name and Title of	Authorized Signer)
	(DO NOT TYPE	BELOW THIS LINE)	
The above-stated a		tax clearance for issuance tranch stamps below)	e of New / Renewal Business
(I) GRT/ISBRE	(2) General Licensing *For Corporations & LLC's only	(3) ITAPB	(4) COLLECTIONS
Cleared By:	Cleared By:	Cleared By:	Cleared By: Date: