

Dipåttamenton Kontribusion yan Adu'ånå DEPARTMENT OF **REVENUE AND TAXATION** GOVERNMENT OF GUAM Gubetnamenton Guåhan

REAL ESTATE SALESPERSON LICENSE APPLICATION CHECKLIST (New or Renewal)

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

- 1. Application MUST be typewritten.
- 2. Application MUST be notarized.
- 3. Passport Picture
-] 4. Letter of Appointment of salesperson endorsed by the Principal Broker.
- 5. NEW APPLICANT Examination Score of 70% or higher on Uniform and State examinations.
- 6. Education Requirement Valid for 2 years
 - New Applicant 30 hours pre-licensing education
 - 1st Renewal 45 hours continuing education
 - 2nd Renewal 24 hours continuing education
- 7. Form I-9 Tax Clearance Valid for 30 days
 - 3. Police Clearance Valid for 30 days
 - 9. License Terms and Fees:
 - Original Salesperson: 2-year = \$100.00
 - Renewal Salesperson: 4-year = \$200.00

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

(MUST BE TYPEWRITTEN)	•				
TE DEPARTMENT REAL	ORIGINAL APPLICATION FOR LICENSE AS A REAL ESTATE SALESMAN TERRITORY OF GUAM DEPARTMENT OF REVENUE AND TAXATION REAL ESTATE COMMISSION P.O. BOX 23607 G.M.F., GUAM 96921		DO NOT WRITE IN BLANK SPACES BELOW NUMBER: EXAM SCORE: A B		
	Social Security No.:				
	SPACE RESERVED FOR COMM	ISSIONER			
CHECK BY RECEIPT	FROM	ENTERED			
DATE GRANTED BY COMMISSIONER	DATE SIGNED	DATE WITHDRA	AWN		
	FORM FOR SALESMAN - (0)	IGINAL)			
Use this form if the application was no MUST BE TAKEN IN THE YEAR OF material misstatement in the application	office at the above address along with $$100$ at a licensed broker at the end of the year prec WHICH APPLICATION IS MADE. Section 21 a for license (or information furnished to the com	eding that for which this app SCA §104303 states. That	plication is made. EXAMINATION		
ANSWER ALL QUESTIONS AND HAV	E ALL AFFIDAVITS NOTARIZED: Date:_		, 20		
Application for Real Estate Sales Licens	se for the Year 20 Date of Birth	Place of B	linh		
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16. Give names of three or more other persons not related to you and not employers (IN ADDITION to signers of voucher 21) to whom the COMMISSION may refer as to your trustworthiness and competency. Be sure to give the occupation and address of each reference.

NAME	OCCUPATION	ADDRESS

17. Give a complete c	interioriological record of your occupation	tor the last live years up to and including da	DATE OF EMPLOYMENT		
		EMPLOYER'S ADDRESS	FROM TO		
KIND OF WORK	NAME OF EMPLOYER	(Number, Street, City)	(month, day, year)	(month, day, yea	
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	APPOINTMENT OF RE	AL ESTATE SALESMAN				
18.	I have read the foregoing information statement and believe the information contained therein to be true and complete and have no knowledge to the contrary.					
	I hereby appoint	of				
	I hereby appoint As Real Estate Salesman and agree to notify the Real Estate Comm said license, as required by Section 21 GCA §104225, Article II of T manner as to saleguard the interests of the public.					
BRO	DKER	BY: (Person authorized to sign)				
		TITLE:				
	AFFIDAVIT	DF SALESMAN		······································		
19.	Territory of Guam					
	NAME OF APPLICANT					
Beir	ng duly sworn, upon oath says that he is the applicant above named, ha	s read the foregoing application and know	ws the contents there	eof, and that the		
SUE	SCRIBED AND SWORN TO BEFORE ME THIS DAY OF	APPLICANT SIGNATURE	en and second second	*		
	00					
SIG	, 20, 20, NATURE OF NOTARY PUBLIC	1				
NOT	GUAM					
MY	COMMISSION EXPIRES					

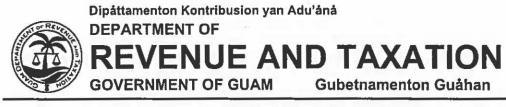
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GROSS RECEIPTS TAX CLEARANCE: _

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TAX CLEARANCE APPLICATION FORM Form I-9

Name:				
Doing Business As (D	BA) Name, if any:			
SSN:		EIN:	-1	
GRT Account Numbe	r:			
Type of License Appl	ied:			
	[] New		[] Renev	val
Office Address:				
Business Mailing Add	lress:			
Phone Numbers: (H)		_(C)		(W)
Email Address:	· · · · ·	<u> </u>		
	3	(Authorize	d Signature)	
		(If Entity,	Print Name and Titl	e of Authorized Signer)
	(DO N	OT TYPE B	ELOW THIS LI	VE)
The above-stated a			clearance for iss ch stamps below)	uance of New / Renewal Business
(1) GRT/ISBRE	(2) General Lice *For Corpora & LLC's only	tions	(3) ITAPB	(4) COLLECTIONS
Cleared By: Date:	Cleared By: Date:		Cleared By:	Cleared By: Date:
		ty, Guam 96921 •		5-1817 • Fax / Faks: (671) 633-2643