



**IREC use only**

License #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Approved: \_\_\_\_\_

# \$50 BRANCH OFFICE LICENSE APPLICATION \$50

INSTRUCTIONS: Submit this original, completed application form with the required fee and ALL required attachments to IREC at the above address. It would be appreciated if you would fill in the form on the computer and print it out so we can read it more easily. Applications that are illegible, incomplete, or missing the fee or attachments will be immediately returned without processing. IREC accepts checks, cash (in person and exact change), and debit or credit cards (VISA, Master Card, Discover, and American Express).

You are not licensed until IREC **approves** your license application. It is unlawful for you to engage in the business or act in the capacity of a real estate licensee in Idaho without first obtaining a license. Allow 10 business days to process your completed application.

**NOTE: Applications are processed in the order received. Updates on the status of license applications will NOT be given over the phone. When your name and license number appear in the Public Database Search on the IREC website, your license has been approved.**

### 1. BRANCH OFFICE INFORMATION:

Name of designated broker \_\_\_\_\_ License # \_\_\_\_\_

Brokerage name \_\_\_\_\_ License # \_\_\_\_\_

Main brokerage address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

Physical address of proposed branch office \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

Mailing address of proposed branch office \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

Branch phone \_\_\_\_\_ Branch fax \_\_\_\_\_

Branch e-mail \_\_\_\_\_ Branch website \_\_\_\_\_

### 2. TRUST ACCOUNT: Attach a completed *Trust Account Notification* form (REE-088).

### 3. BRANCH OFFICE MANAGER:

a. Name of proposed BOM: \_\_\_\_\_

b. Does the proposed BOM already have an Idaho broker license?

\_\_\_ No - **attach a completed license application for the proposed BOM and skip to question 4**

\_\_\_ Yes - what type and status (*check one*) License # \_\_\_\_\_

___ Designated Broker (active)	___ Associate Broker (active)	___ Inactive Broker	___ Managing Assoc. Broker (active)
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c. If the proposed BOM presently holds an active Associate Broker or inactive Broker license, he/ she must have completed the Business Conduct and Office Operations course (BCOO) or Idaho Brokerage Management course within the 3 years immediately preceding the date of this request.

\_\_\_ Yes      \_\_\_ No      \_\_\_ N/A

d. If the proposed BOM presently holds an inactive Broker license, please verify the proposed BOM's compliance with the continuing education requirements of Idaho Code 54-2023 prior to submitting this application.

\_\_\_ Yes      \_\_\_ No      \_\_\_ N/A

