



**IREC use only**

License #: \_\_\_\_\_  
Receipt #: \_\_\_\_\_  
Approved: \_\_\_\_\_

**COOPERATIVE BROKER LICENSE APPLICATION \$100 \$100**

**INSTRUCTIONS:** Submit this completed application form with the fee and ALL required attachments. **Applications that are illegible, incomplete, or missing the fee or required attachments will be immediately returned without processing.**

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 cooperative 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 License Lookup on the IREC website, your cooperative license has been approved.

**1. OUT-OF-STATE BROKER**

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Maiden name (or any other names used) \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Nickname (if used) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

Home Address (number, street, apt.) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Brokerage Name \_\_\_\_\_ Brokerage Phone Number \_\_\_\_\_

Brokerage Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**2. RECORD OF LICENSURE** You must presently hold an active broker level license from your state of licensure. A *current (less than 6 months old) certified license history must be attached.*

NO  YES

**3.** Have you ever had a real estate or other professional or occupational license revoked, suspended, or surrendered, or the renewal refused, for a disciplinary violation involving fraud, misrepresentation or dishonest or dishonorable dealing, in Idaho or any other jurisdiction?  NO  YES

*(If you answered "yes", state the type of license, jurisdiction, date, disposition, and any other pertinent information on a separate page and attach it to this application.)*

**4. ERRORS & OMISSIONS INSURANCE:** *(E&O insurance must have an effective date on or before the date you submit your application)*

Rice Insurance Services Company *(Commission group policy - attach a copy of the RISC certificate of coverage - for the out-of-state associate) - OR*

Independent Coverage *(attach completed, signed Certification of E&O Coverage form(s) (REE-141 and/or REE-142) showing coverage for the out-of-state associate)*

**5. TRANSACTION DETAILS** - Provide the information regarding the commercial transaction in the space provided.  
**Please note if this is a residential or agricultural transaction, you MUST contact IREC regarding licensing requirements.**

Buyer/Seller Name: \_\_\_\_\_

Address or Reasonable description of property being sought for purchase or listed for sale.

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**6. Provide a list of the out-of-state associates that will be working on the transaction, if applicable. Must attach a completed **Addendum A** of this application for each associate listed below.**

|             | <i><b>IREC use<br/>ONLY</b></i> |
|-------------|---------------------------------|
| Name: _____ |                                 |
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| Name: _____ |                                 |
| Name: _____ |                                 |
| Name: _____ |                                 |

**7. PLEASE VERIFY YOU HAVE INCLUDED THE FOLLOWING REQUIRED ATTACHMENTS:**

**IREC use ONLY**

- \_\_\_\_\_ \$100 license fee (check or credit card authorization form).....
- \_\_\_\_\_ Current (*less than 6 months old*) certified license history from your state of licensure.....
- \_\_\_\_\_ Explanation of license disciplinary actions, if applicable (part 3).....
- \_\_\_\_\_ Errors & Omissions Certificate of Coverage (part 4).....
- \_\_\_\_\_ Addendum A for each associate that includes a current (*less than 6 months old*) certified license history and proof of current E&O Insurance.....
- \_\_\_\_\_ Idaho Broker Verification & Consent (Addendum B).....

8. Are you a military service member veteran?  NO  YES
9. Are you or your spouse on active military duty?  NO  YES (*Fill out form REE-010 and attach*)
10. I hereby appoint the Executive Director of the Idaho Real Estate Commission to act as my agent upon whom all judicial and other process or legal notices directed to me may be served. I hereby consent that any lawful process against me that is served upon the Executive Director shall be of the same legal force and validity as if served upon me and that this authority shall continue in force so long as any liability remains outstanding in the state of Idaho. (*Idaho Code 54-2017(1)(d)*)
- 11. I acknowledge it is my responsibility to provide written notice to the Idaho Real Estate Commission of any change of my personal name, address of personal residence, or personal telephone number within ten (10) days of the change. (*Idaho Code 54-2018(9)*)**
12. I certify that the answers appearing hereon are true and correct to the best of my knowledge and belief. I understand that my application may be denied, or my license inactivated, expired, terminated, suspended or revoked, and/or I may be subject to disciplinary action, for the use of fraud, deception, misrepresentation, misstatement or omission or any unlawful means in applying for or securing a license to act as a real estate broker in the State of Idaho. (*Idaho Code 54-2019 and 54-2060(4)*)

\_\_\_\_\_  
Applicant Signature

**NOTARY IS REQUIRED**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

Signed (or attested) before me on \_\_\_\_\_ Date by \_\_\_\_\_ Name of Individual (applicant)

\_\_\_\_\_  
Signature of Notary

*notary seal*

\_\_\_\_\_  
My Commission Expires

**ADDENDUM A: OUT-OF-STATE ASSOCIATE INFORMATION**

This page must be filled out for each out-of-state associate that will be involved with this transaction. Must attach a current (less than 6 months old) certified license history along with proof of E&O insurance.

Full Legal Name Phone Number Email Address

Home Address (number, street, apt. #)

City State Zip Code

Home Mailing Address (number, street, apt. #), if different from above

City State Zip Code

RECORD OF LICENSURE You must presently hold an active real estate license from your state of licensure. A current (less than 6 months old) certified license history must be attached.

NO YES

Have you ever had a real estate or other professional or occupational license revoked, suspended, or surrendered, or the renewal refused, for a disciplinary violation involving fraud, misrepresentation or dishonest or dishonorable dealing, in Idaho or any other jurisdiction? NO YES

(If you answered "yes", state the type of license, jurisdiction, date, disposition, and any other pertinent information on a separate page and attach it to this application.)

ERRORS & OMISSIONS INSURANCE: (E&O insurance must have an effective date on or before the date you submit your application)

- Rice Insurance Services Company (Commission group policy - attach a copy of the RISC certificate of coverage for the associate) - OR
Independent Coverage (attach completed, signed Certification of E&O Coverage form(s) (REE-141 and/or REE-142) showing coverage for the out-of-state broker)

I hereby appoint the Executive Director of the Idaho Real Estate Commission to act as my agent upon whom all judicial and other process or legal notices directed to me may be served. I hereby consent that any lawful process against me that is served upon the Executive Director shall be of the same legal force and validity as if served upon me and that this authority shall continue in force so long as any liability remains outstanding in the state of Idaho (Idaho Code 54-2017(1)(d)).

I acknowledge it is my responsibility to provide written notice to the Idaho Real Estate Commission of any change of my personal name, address of personal residence, or personal telephone number within ten (10) days of the change (Idaho Code 54-2018(9)). I certify that the answers appearing hereon are true and correct to the best of my knowledge and belief.

Out-of-State Associate's Signature

NOTARY REQUIRED:

State of )
County of ) ss.

Signed (or attested) before me on Date by Name of Individual (out-of-state associate)

Signature of Notary

notary seal

My Commission Expires

## ADDENDUM B: LICENSED IDAHO BROKER INFORMATION

Full Legal Name \_\_\_\_\_ Nickname (*if used*) \_\_\_\_\_ Idaho Broker License Number \_\_\_\_\_

Brokerage Name \_\_\_\_\_ Brokerage License Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address (number, street, apt.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address (number, street, apt.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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**I acknowledge it is my responsibility as the Idaho broker to be in charge of the transaction from beginning to end. I further acknowledge that any entrusted moneys received in a cooperative transaction may be handled only by myself as the cooperating Idaho broker in accordance with section 54-2041, 54-2017(9) and 54-2060, Idaho Code.**

**By signing below I further acknowledge my responsibilities as the Idaho broker, to supervise and control the out-of-state broker and any associates in accordance with section 54-2038, Idaho Code.**

**Signature Required:**

\_\_\_\_\_  
Idaho Broker's Signature