



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.

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.

*IREC use
ONLY*

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

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- _____ \$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

NOTICE: Because of rising costs associated with issuing a refund, it is the policy of IREC to refund overpayments of under \$25 only if requested in writing within 30 days of IREC receipt of the overpayment. Overpayments of \$25 or more will be automatically refunded. There is a \$20 fee assessed for each check returned to IREC for insufficient funds.

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 _____)
) ss.
County of _____)

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 _____

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