

575 E. Parkcenter Blvd., Suite 180 Boise, Idaho 83706 Office: (208) 334-3285

IREC use only
License #:
Receipt #:

Approved:

COOPERATIVE BROKER LICENSE \$100 APPLICATION \$100

INSTRUCTIONS: Submit this original, 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.

Applications that are faxed/emailed will not be accepted.

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ou are not licensed until IREC approves			
capacity of a real estate licensee in Idaho	without first obtaining a cooperative licer	nse. Allow 10 business days	to process your
completed application.	-	•	

NOTE: Applications are processed in the order received. <u>Updates on the status of license applications will NOT be given over the phone.</u> When your name and license number appear in the License Lookup on the IREC website, your cooperative license has been <u>approved</u>.

are needed nas seen approve	<u> </u>		
1. OUT-OF-STATE BROKER			
1. OUT-OF-STATE BROKER	Social Security Number	Date of Birth	Maiden name (or any other names used)
Full Legal Name		N	lickname (if used)
Home Phone	Cell Phone	E	E-mail 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 (less than 6 months old) certifie	You must presently hold and a license history must be a	n <u>active</u> broker level licen httached.	se from your state of licensure. A curren
□NO □YES	,		
Have you ever had a real exercise or the renewal refused, for a distinction in Idaho or any other jurisdiction.	sciplinary violation involving	or occupational license registration fraud, misrepresentation	evoked, suspended, or surrendered, n or dishonest or dishonorable dealing,
(If you answered "yes", state th separate page and attach it to t		n, date, disposition, and	any other pertinent information on a
4. ERRORS & OMISSIONS I	NSURANCE: (E&O insurar	nce must have an effectiv	ve date on or before the date you submit
	es Company <i>(Commission of</i> of-state associate) - OR	group policy - attach a co	ppy of the RISC certificate of
	(attach completed, signed rerage for the out-of-state a		verage form(s) (REE-141 and/or

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 <u>MUST</u> contact IREC regarding licensing requirements.		
Buyer/Seller Name:		
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 tra Addendum A of this application for each associate listed below.	IR	pleted EC use
Name:		

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7.	PLEASE VERIFY YOU HAVE INCLUDED THE FOLLOWING REQUIRED ATTACHMENTS:	REC 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 or your spouse active military or a military veteran? If so, please fill out form REE-008 and attach to app	lication.	
9.	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)(5))		
10.	. I acknowledge it is my responsibility to provide written notice to the Idaho Real Estate Commission of any of my personal name, address of personal residence, or personal telephone number within ten (10) day change. (Idaho Code 54-2017(1)(d))		
11.	11. 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		
	Applicant Signature		
<u>N</u>	OTARY IS REQUIRED		
Sta	ate of)		
Coi) ss. unty of)		
Sig	ned (or attested) before me on by		
J	ned (or attested) before me on by Date Name of Individual		
Sig	nature of Notary notary seal		

My Commission Expires

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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	nt from above	
City	State	Zip Code
RECORD OF LICENSURE You must prese (less than 6 months old) certified license history NO YES	ently hold an <u>active</u> real estate license fron ory must be attached.	n your state of licensure. A current
Have you ever had a real estate or other prof renewal refused, for a disciplinary violation in Idaho or any other jurisdiction?	fessional or occupational license revoked, solvolving fraud, misrepresentation or dishonormal NO YES	suspended, or surrendered, or the est or dishonorable dealing,
(If you answered "yes", state the type of licenseparate page and attach it to this application	nse, jurisdiction, date, disposition, and any o	other pertinent information on a
ERRORS & OMISSIONS INSURANCE : (E& your application)	O insurance must have an effective date o	n or before the date you submit
Rice Insurance Services Company (C the associate) - OR	Commission group policy - attach a copy of	the RISC certificate of coverage for
Independent Coverage (attach comp REE-142) showing coverage for the	leted, signed Certification of E&O Coverag out-of-state broker)	e form(s) (REE-141 and/or
I hereby appoint the Executive Director of the other process or legal notices directed to me served upon the Executive Director shall be a shall continue in force so long as any liability I acknowledge it is my responsibility to prof my personal name, address of personal change (Idaho Code 54-2017(1)(d)). I certify knowledge and belief.	may be served. I hereby consent that any of the same legal force and validity as if servemains outstanding in the state of Idaho (ovide written notice to the Idaho Real Est I residence, or personal telephone numbers.	lawful process against me that is wed upon me and that this authority (Idaho Code 54-2017(1)(5)). State Commission of any change per within ten (10) days of the
	Out-of-State Associate's Sig	nature
NOTARY REQUIRED:		
State of) ss.		
) ss. County of)		
Signed (or attested) before me on	by Date	Name of individual
Signature of Notary		notary seal
My Commission Expires		

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ADDENDUM B: LICENSED IDAHO BROKER INFORMATION

Full Legal Name	Nickname (if used)	Idaho Broker License Number
Brokerage Name	Brokerage License Numbe	er Phone Number
Mailing Address (number, street, apt.)		
City	State	Zip Code
Physical Address (number, street, apt.)		
City	State	Zip Code
Signature:	Idaho Broker's Signature	
NOTARY REQUIRED:	· ·	
State of) ss. County of)		
County of)		
Signed (or attested) before me on	by	Name of Individual
Signature of Notary		notary seal
My Commission Expires		

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