



IREC use only	
License #:	_____
Approved:	_____

Supplemental Form for Active Military Service Members and Spouses

Pursuant to Idaho Code 67-2602A and 67-2620(2)

Under Idaho statute, licensees, certified real estate instructors, and individuals whose spouse is serving in the military are exempt from the payment of licensing/certification fees during the period that such licensees, certified instructors, or the military spouse are actively engaged in military services. Applications or certifications **may be expedited.**

TO BE ELIGIBLE TO USE this form, you or your spouse must be serving on active duty as a member of the United States Armed Forces. *"Active military duty" is defined as the period during which the person is actually engaged in the military services of the United States or its auxiliary branches, or held as prisoners, plus six (6) months following discharge from such military services.*

*Please contact the Commission for further instruction if you or your spouse are on active military duty at the time of license/certification renewal.

1. PERSONAL INFORMATION

Applicant's Full Legal Name : _____
(must exactly match name on legal ID)

Social Security Number : _____ Date of Birth: _____

2. TYPE OF APPLICATION SUBMITTING (check one):

- Salesperson Application Broker Application Cooperative Application Instructor Application

3. I certify that I am on active duty, or I am the spouse of an active duty service member in accordance to Idaho Code 67-2602A and 67-2620(2).

_____ Applicant Signature

4. 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 salesperson, broker, or certified instructor in the State of Idaho (Idaho Code 54-2019, 54-2060(4) and 54-2025).

_____ Applicant Signature

NOTARY IS REQUIRED

State of _____)
) ss.
County of _____)

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

_____ Signature of Notary

*notary
seal*

_____ My Commission Expires