IDAHO REAL ESTATE COMMISSION
irec.idaho.gov

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Office: (208) 334-3285

REE-020
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IREC Use Only

Receipt #: _____

Approved: _____

DISCLOSURE STATEMENT FOR INQUIRY ON IMPACT OF $25 CRIMINAL CONVICTION $25

To assist the Commission in its review and answer to your inquiry, please complete the questionnaire below for each criminal conviction you are reporting to the agency and attach any supplemental information pertinent to the conviction(s), regardless of when the crime was committed or whether it was a withheld judgement or suspended sentence. For the complete language of the Statute governing "Inquiry Regarding the Potential Impact of Criminal Convictions," see Section 67-9410, Idaho Code. All fields must be completed and if the question does not apply, please write NA in the box. **Please mail in your completed form with attachments and a non-refundable fee of $25.00 to the address above.** Check or money order must be made out to the Idaho Real Estate Commission or IREC.

The information provided on this form will assist Commission members to formulate its opinion, whether the reported criminal convictions disqualify you from obtaining a license, certificate, registration, permit, or other authorization to practice a profession or occupation.

Failure to provide complete disclosure of all relevant facts relating to your conviction or to disclose all convictions will result in a non-binding determination by the Commission. Failure to provide adequate details regarding your rehabilitation may result in denial of your request by the Commission. Reference letters from current employers, academic staff, probation or parole officers are welcome.

In addition to this form, you will need to submit copies of the official court documents, probation/parole documents, and proof of identification–a clear and legible color copy of a government-issued photo ID such as a passport, or valid driver's license.

Full Legal Name: _____

Mailing Address: _____
Street/PO Box City State Zip

Date of Birth _____/_____/_____ Social Security No. _____/____/_____
mm dd yyyy

E-mail_____ Phone Number (_____) _____

License you plan to apply for: _____

Other Names/Aliases: _____

Are you listed on the Sex Offender Registry? ___Yes ___ No

If YES, please list the state: _____

Arrest Charges: _____ Arrest Date: _____

Conviction Charge: _____ Conviction Date: _____

Please provide a description of the crime: (Please attach additional pages as needed.)

_____

_____

_____

Court Case or Docket Number: _____

Severity of Conviction: ____ Misdemeanor ___ Felony

Sentence: Please describe the terms of the court's punishment including incarceration, or diversion programs such as drug court, riders, etc.

_____

_____

_____

Fines: $_____ Paid: ___Yes ___ No Restitution: $_____ Paid: ___ Yes ___ No

Incarceration Date: _____/_____/_____ Release Date: _____/_____/_____
mm dd yyyy mm dd yyyy

Probation/Parole Start Date: _____/_____/_____ Probation/Parole Released Date: _____/_____/_____
mm dd yyyy mm dd yyyy

Probation/Parole Officer's Name and Phone Number: _____ (_____) _____

Rehabilitation Efforts: What positive changes have you made in your life since this conviction? (Please attach additional pages as needed.)

_____

_____

_____

AFFIDAVIT

Upon oath I certify each of the following: (1) The responses and information provided in this application and in the attached addendum/addenda and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (5) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (6) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (7) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

_____ _____
Signature of Applicant Date

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal) _____
Notary Public Official Signature

My Commission Expires_____