

Phone Number 717-783-3658 Fax Number: 717-787-0250 www.dos.pa.gov/estate

CHANGE OF EMPLOYER APPLICATION - STANDARD OR RECIPROCAL LICENSEES

USE THIS APPLICATION FOR THE FOLLOWING LICENSE TYPES ONLY:

REAL ESTATE SALESPERSON – CAMPGROUND MEMBERSHIP SALESPERSON – TIMESHARE SALESPERSON – BUILDER-OWNER SALESPERSON – CEMETERY SALESPERSON – ASSOCIATE BROKER - CEMETERY ASSOCIATE BROKER

Make sure this is the most recent application by checking our website. Failure to submit a current application could result in delays while processing your application.

PLEASE READ THE FOLLOWING BEFORE PROCEEDING WITH THE APPLICATION PROCESS

Licensees who wish to use and advertise a nickname for their first name shall include the nickname on their licensure applications or biennial renewal applications. If you are using a nickname that was **not previously** reported, please provide this information now.

If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Commission shall require the applicant to submit a new application including the required fee.

In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance. All background check documents cannot be older than 90 days from the date of issuance.

Failing to answer any questions or providing false answers may delay the issuance of a license or result in disciplinary action once the license is issued.

Change of employment applications must be submitted **within 10 days of the change**. If your license is currently active, upon submission of a completed application, you may begin practicing UNLESS the broker does not hold a current, active Pennsylvania license. A copy of this application must be kept on file with your new employing broker/builder-owner until your updated license has been issued. **All original wall certificates should be returned.**

You must list the effective date of employment with your new broker.

If you changed your name for any reason, copies of legal documents supporting this change must be submitted. Legal documents include marriage certificates, divorce decrees that state you are retaking a maiden name, or other court documents verifying the name change. Driver's licenses and social security cards are not acceptable to verify a name change.

SOCIAL SECURITY NUMBER DISCLOSURE: NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number.

Licenses are not forwarded. Provide your current address to receive correspondence from the Commission. It is the applicant's responsibility to inform the Commission of an address or name change within ten (10) days of the change. Refer to the "Name/Address Change" form located on our website.

PLEASE NOTE: Providing your e-mail address on this form permits the Commission to correspond with you via e-mail regarding the status of this application. Please make sure to add ra-realestate@pa.gov to your Contacts so that you do not miss vital communications regarding your license.

INSTRUCTIONS

- 1. The application responses must either be typed or printed in blue or black ink.
- 2. Employer's Information Use the name, address and license number of the Pennsylvania broker/builder-owner exactly as it appears on their license/registration. If the employing broker is a corporation or partnership, use the company's name, address and license number.
- 3. Employer Certification The employer certification must be signed by the broker or broker of record if the employing broker is a corporation or partnership.
- 4. You must list the effective date of employment with your new broker in item 9. Failure to provide a date in item 9 may result in delays to the processing of this application.

APPLICATION CHECKLIST

Attach the following documents to this application:

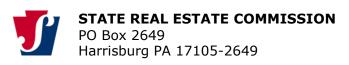
- ☐ Check or money order made payable to the Commonwealth of Pennsylvania in the amount of \$20.00.
 - All fees are NON-REFUNDABLE regardless of whether the application is approved. A \$20.00 processing fee will be charged for any returned unpaid check.

Disciplinary Action documents (if applicable)
Name Change documents (if applicable)
Criminal Conviction documents (if applicable)

□ Returned License

PROCESSING INFORMATION

- Licenses are mailed to the employing broker's main office address.
- Please see the Commission's website www.dos.pa.gov/estate for additional information about licensure and application requirements.
- To check the status of your application or to apply online visit www.mylicense.pa.gov



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1.	Applicant's Legal Name:			
2.	Applicant's License Number:			
3.	Applicant's Nickname (if applicab	le):		
4.	Applicant's Home Address:(Street)			
_	(City)	(State)	(Zip)	
5.	, ,	er:	(/	
	Applicant's Date of Birth:			
	Applicant's Phone Number: (
	Applicant's Email Address: PLE Coi	EASE NOTE: Providing your e-mail address on this form mmission to correspond with you via e-mail regarding plication. Please make sure to add ra-realestate@pat you do not miss vital communications regarding you	ng the status of this <u>ngov</u> to your Contacts s	
9.	Effective Date of Employment wit	th the new broker:///	_	
10	. Original License Enclosed? ☐ Yes	s 🗆 No		
<u>EM</u>	MPLOYER'S INFORMATION AS I	T APPEARS ON THEIR LICENSE:		
11	. Employing Broker's Office Name:	Refer To Us, LLC		
12	. Employing Broker's Office Addres	ss: 584 Middletown Blvd. Ste. A50		
		Langhorne, PA 19047		
13	. Employer's License Number: RB	068648		
<u>AP</u>	PPLICANT BACKGROUND INFOR	RMATION:		
14		eld, a license, certificate, permit, registration or ation in any state or jurisdiction? ☐ No ☐ Ye		
15		e question, please provide the profession Please do not abbreviate.	and	

16. Since your initial application or last renewal, which taken against a professional or occupational licen		
authorization to practice a profession or occupation you agreed to voluntary surrender in lieu of discipant to the contract of		e or jurisdiction or have
17. Do you currently have any disciplinary charges policense, certificate, permit or registration in any s		ional or occupational □ Yes
18. Since your initial application or last renewal, which for a professional or occupational license, certificated denied or refused, or for disciplinary reasons agree occupational license, certificate, permit or registr	ate, permit or registration, l eed not to apply or reapply	had an application for a professional or
19. Since your initial application or last renewal, which guilty, pled guilty or pled nolo contendere), receive rehabilitative disposition (ARD), as to any criminal drug law violations? Note: You are not required that been expunged by order of a court. □ No □	ved probation without verdi al charges, felony or misden to disclose any ARD or othe	ct or accelerated neanor, including any
20. Do you currently have any criminal charges pend ☐ No ☐ Yes	ing and unresolved in any s	tate or jurisdiction?
Disciplinary action includes any revocation, suspension penalty or any restriction in practice. If any disciplinary state, submit all documentation about the disciplinary	ary action has been taken a	
Conviction includes a finding or verdict of guilt, an receiving probation without verdict, disposition in lieu in the disposition of criminal charges. Only felony and Commission. If a conviction has occurred in any state submit all documentation about the conviction. If conviction questions, provide complete details as well	of trial or an Accelerated of d misdemeanor convictions e that has not yet been repo you answered "Yes" to ar	Rehabilitation Disposition must be reported to the orted to the Commission of the disciplinary o
EMPLOYER'S CERTIFICATION		
I do hereby request that a license be granted to		to
provide real estate services at this office. I certify the honesty, trustworthiness, integrity and competence a as required by Real Estate Licensing and Registration	nd I will actively train and s	supervise the applicant
	RM423699	
(Employer's Signature)	(License Number)	(Date)
APPLICANT'S CERTIFICATION		
By submitting this information, I verify that this app Department of State and has not been altered or of criminal penalties for tampering with public records of the statements in this application are true and correlating. I understand that false statements are maderial (relating to unsworn falsification to authorities) and many license, certificate, permit or registration.	therwise modified in any wr information under 18 Pa.C ect to the best of my kno ade subject to the penaltie	vay. I am aware of the C.S. § 4911. I verify tha wledge, information and es of 18 Pa.C.S. § 4904
(Applicant's Signature)		(Date)