



State of Rhode Island
Department of Business Regulation
Division of Commercial Licensing
Real Estate Section
1511 Pontiac Ave, Bldg. 69-1
Cranston, RI 02920

REAL ESTATE SALESPERSON REQUIREMENTS AND APPLICATION

All candidates applying for a Real Estate Salesperson license must first contact Pearson VUE at (800) 274- 8922 or by visiting their website at www.pearsonvue.com, to schedule an examination. The examination must be taken **before** applying to the Department of Business Regulation (DBR), Division of Commercial Licensing, Real Estate Section.

All licenses expire every two (2) calendar years on the anniversary date it was issued.

Please note: This application is not for reciprocity.

Required fees and documentation to be submitted with completed application via mail to the address above:

1. Fees (**Two Separate Checks or Money Orders**)
 - a. \$140 made payable to "RI General Treasurer;"
 - b. **and** \$25 made payable to "Real Estate Recovery Account"
 2. All pages of the Original Test Score Report from Pearson VUE
 3. Certificate of Completion of the 45 hours of Pre-Licensing for salespersons education
 - a. (Approved schools can be found here: <https://bit.ly/RIRealEstateSchools>)
 4. Lead Poisoning/Lead Hazard Mitigation Certificate of Completion for three (3) hours
 - a. (Approved courses can be found here: <https://bit.ly/RIRealEstateCE>)
 5. Bureau of Criminal Identification and Investigation (BCI) background check from the Rhode Island Office of the Attorney General located at 4 Howard Avenue, Cranston, RI 02920. Any questions about this process should be directed via email at BCIstate@riag.ri.gov. More information, click [here](#).
 6. Certificate of Errors and Omissions Insurance
- (The following applies to non-resident applicants only)**
7. A Letter of Good Standing from the home-state's licensing authority
 8. A background check from the home state law enforcement agency



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REAL ESTATE SALESPERSON APPLICATION

Please print or type. Incomplete applications will be returned. Please allow 7-10 business days for processing.

1. APPLICANT INFORMATION

Name:		SSN:
Date of Birth:	Age:	Legal Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Residential Address:		
City:	State:	Zip Code:
Phone Number:	Email Address:	
Present Occupation:		
Have you ever been refused a real estate broker's or salesperson's license in this or any other state?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had any real estate license suspended or revoked?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of, or plead guilty or nolo contendere to forgery, embezzlement, obtaining money under false pretenses, bribery, larceny, extortion, conspiracy to defraud, or any other offenses of any type which would reasonably cause the Department to question your honesty, trustworthiness, integrity, good reputation or competency? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. EMPLOYMENT INFORMATION

Agency Name:	Phone Number:	
Address:		
City:	State:	Zip Code:
Principal Broker Name:	RI License No.:	

BROKER AFFIDAVIT

I, _____ certify that the applicant has applied for employment as a
Principal Broker (Print)
 salesperson, and in my opinion, is competent and trustworthy and is recommended as a suitable person to be granted a salesperson's license.

 Principal Broker Signature

 Date of Signature (MM/DD/YY)



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3. AFFIDAVIT(S) & SIGNATURE

Tax Payer Status Affidavit

Pursuant to R.I. Gen. Laws, Chapter 5-76, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due to the state, or must have entered into a written agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

Have you filed all required Rhode Island State tax returns, and have you paid all taxes owed? Yes No

Affidavit of Application

I swear, under penalty of perjury that the information provided in connection with this application is true to the best of my knowledge, with the understanding that any omissions, inaccuracies, or failure to make full disclosures may be deemed sufficient reason to deny licensure by the Rhode Island Department of Business Regulation.

Signature of Applicant

Date of Signature (MM/DD/YY)

4. POWER OF ATTORNEY (Non-Residents ONLY)

I, _____, having applied to be licensed as a non-resident real estate salesperson in the State of Rhode Island, do hereby irrevocably appoint the Director of the Department of Business Regulation, his successor or successors, as my lawful attorney, upon whom all lawful process in any action or legal proceeding against me may be served in like manner and with the same legal force and effect as if I had been lawfully served with said process. As such, I do hereby authorize said attorney to receive and accept service of process, pursuant to the provisions of R.I. Gen. Laws § 5-20.5-10(d).

Signature of Applicant

Date of Signature (MM/DD/YY)

OFFICE USE ONLY

Date application was received:

Checks Received: **Application** — **Real Estate Recovery Account** —

45 Hours of Pre-Licensing Education Received: Yes No **If Yes, Date:**

Original Pearson VUE Test Score Report: Yes No **If Yes, Date:**

Lead Poisoning/Lead Hazard Course Received: Yes No **If Yes, Date:**

Errors and Omissions Insurance Received: Yes No **If Yes, Date:**

Background Check Received: Yes No **If Yes, Date:**