

**NEBRASKA REAL ESTATE COMMISSION**

**Application for License as a Real Estate Broker**

This form is for the use of an individual and must be personally prepared by the applicant.  
Every question must be answered or application will be returned for completion.

**Fees Not Refundable**

Application and Examination Fee:	Fees for those qualifying Through License Recognition:
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**A RECENT PASSPORT TYPE PHOTO MUST ACCOMPANY THIS APPLICATION.**

**INSTRUCTIONS**

**Please note: Jurisdiction as used in this application means a state, district, or territory of the United States, a province of Canada or a foreign county, or a political subdivision of a foreign country, which has implemented and administers laws regulating the activities of a real estate licensee.**

**Please print in ink or use a typewriter in completing this application. If additional space is needed in answering any questions, use a separate sheet of paper and indicate the number of the question to which the information applies. Return completed application and all fees to the Nebraska Real Estate Commission, P.O. Box 94667, Lincoln, NE 68509-4667.**

**In compliance with the provisions of the Nebraska Real Estate License Act, I hereby make application for a license authorizing me to engage in the business of a Real Estate Broker, and in support of this application make the following statements:**

1. Full Legal Name (Last, First, Middle)	Social Security Number
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2. a. Name under which you intend to do business, if different from Full Legal Name above.

b. List all other names by which you have been known ( maiden name, prior married name, nicknames, etc.)

3. Full Residence Address (Street, City, Jurisdiction and Zip Code) A post office box can only be used if accompanied by a full street address or full rural route address.	County (Nebraska Residents Only)
	Daytime Telephone Number (include area code) (    )
E-mail address	Residence Telephone Number (include area code) (    )

Preferred Method of Contact: This is how you will receive communications from the Commission.

Mail     Email     Both

4. List all prior residences for the past three years. Street Address	City	Jurisdiction	Dates of Residence
a.			From: To:
b.			From: To:
c.			From: To:

5. Date of Birth (Month, Day, Year)	Place of Birth	6. Spouse's Name (if applicable)
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7. (Answer a OR b) a. Firm or trade name(s) under which you expect to do business as a designated broker.

b. Firm with which you will be associated as an associate broker (Skip question 9).

8. Business Address (Street, City, County, Jurisdiction, Zip Code)

Telephone Number (include area code) (    )
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**FOR OFFICE USE ONLY**

Date FPC Mailed or Given to Applicant \_\_\_\_\_ License Recognition Jurisdiction \_\_\_\_\_

App Date \_\_\_\_\_ Sent Check Letter \_\_\_\_\_ Sent App Receipt \_\_\_\_\_ Application: Scanned \_\_\_\_\_ / Attached \_\_\_\_\_

9. If designated broker applicant is connected with a firm, partnership, limited liability company or corporation, give names and residence addresses of all members or officers of said real estate business. (Associate broker applicants are not required to answer this question.)

10a. Have you ever **applied** for license to, or **been licensed by**, ANY real estate regulatory body in this country or any other country or any political subdivision, i.e. state, province, city, etc., of either, authorizing you to engage in any real estate activities? If yes, give the name and address of the regulatory body, type of license, and date of licensure. If additional space is needed, please use a separate sheet of paper.  Yes  No

Regulatory Body's Name	Type of License
Regulatory Body's Address	Dates of Licensure:
	Original Issue Date:
	Expiration Date:

10b. Have you ever had an application rejected, or your license suspended or revoked? If yes, explain fully giving exact dates,  Yes  No  NA and full details of such rejection, suspension or revocation.

11a. Have you ever **applied** for license to, or **been licensed by**, ANY agency in this country or any other country or any political subdivision, i.e. state, province, city, etc., of either, authorizing you to engage in **any** profession or occupation other than real estate? If Yes, give the name and address of the agency, type of license, and dates of licensure. If additional space is needed, please use a separate sheet of paper.  Yes  No

Regulatory Body's Name	Type of License
Regulatory Body's Address	Dates of Licensure:
	Original Issue Date:
	Expiration Date:

11b. Have you ever had an application rejected, or your license suspended or revoked? If yes, explain fully giving exact dates,  Yes  No  NA and full details of such rejection, suspension or revocation.

12. Have you ever been involved in any lawsuits, other than small claims court cases, domestic relations court cases, automobile court cases, or traffic court cases, either as plaintiff or defendant, during the past three years, or are there any such lawsuits pending at the present time? If yes, give full details including exact dates, places, parties, disposition, etc.  Yes  No

13. Have you ever been convicted of any misdemeanor or felony offenses, or is there any such charge now pending against you? If Yes, give full details including dates, places and disposition for each charge. **Note: Your answer MUST include any pending charges. Convictions, no matter how old, must be reported, even though there may have been an order or note by the court to expunge, set aside, or strike the conviction from the record. (Applicant must answer this question completely)**  Yes  No

13a. Offense:

Date of Offense:	City and State where offense occurred:
Status of Offense: <input type="checkbox"/> Pending OR <input type="checkbox"/> Convicted	If convicted, please list all penalties and if sentence completed.
Penalty:	Sentence Completed: <input type="checkbox"/> YES <input type="checkbox"/> NO (include fines, jail time, probation, parole and restitution)

13a. Offense:

Date of Offense:	City and State where offense occurred:
Status of Offense: <input type="checkbox"/> Pending OR <input type="checkbox"/> Convicted	If convicted, please list all penalties and if sentence completed.
Penalty:	Sentence Completed: <input type="checkbox"/> YES <input type="checkbox"/> NO (include fines, jail time, probation, parole and restitution)

If additional space is needed, please use a separate sheet of paper.

### PHOTOGRAPH

Each application for an original license must be accompanied by a picture of the applicant. The photo must be of the applicant only head and shoulders, no smaller than 2"x2", and taken within the past year. Snapshots and digital photographs are acceptable if they meet these criteria. Copies of Drivers licenses or Passports will not be accepted.

- Photograph attached **OR**  
 Photograph submitted separately via online applicant portal (preferred), or mail, email or personal delivery. email: realestate.commission@nebraska.gov

### FINANCIAL INFORMATION

Bankruptcies:     None     Yes    If Yes, provide the following:

Date of Filing:	Location Filed:	Date of Discharge:
Date of Filing:	Location Filed:	Date of Discharge:

If additional space is needed, please use a separate sheet of paper. If you are unaware of the dates, please contact the US Bankruptcy Court Clerk at: 402-437-1625 or by setting up a PACER account at: <https://www.uscourts.gov/court-records/find-case-pacer>

### EDUCATIONAL BACKGROUND

Give name and location of high school or institution issuing G.E.D. certificate. Copies of diplomas are required for those graduating with a G.E.D. or evidence of participation or enrollment in a home school program from the Department of Education. **If a foreign high school graduate, equivalency must be evidenced by supplying a transcript from a U.S. college or university OR a document-by-document evaluation report from a National Association of Credential Evaluation Services (NACES) member organization. Select one of the following:**

High School I graduated from - NAME:

LOCATION: City \_\_\_\_\_ State \_\_\_\_\_

OR

Attached High School Equivalency Diploma/G.E.D. or foreign equivalency documentation

OR

Document will be submitted separately via online applicant portal (preferred) or mail/fax/email/personal delivery. Email to: realestate.commission@nebraska.gov

### STATUTORY EDUCATION

I have successfully completed, or will complete prior to being approved for the examination, the required number of real estate courses approved by the Nebraska real Estate Commission, consisting of a minimum of two additional 30 hour classes and the 6 class-hours in Developing Professional Conduct and Ethical Practices – Course #0003. Courses taken through an approved provider will submit the course verification to the Commission office electronically within 10 days, however, verify with the provider their procedures for doing so. Please select one of the following options:

- Applying for License Recognition -
- Must complete the Nebraska License Law Course #0604R. (Upon completion, the education provider will send course completion verification electronically to the Commission office.
- Required Courses - Prior to being authorized to sit for the examination, the Commission will need one of the following:
- Verification sent electronically to the Commission office by the education provider (check with the provider regarding this verification)
  - If provider does not report electronically to the Commission office, an official, certified transcript to be mailed or emailed directly to our office from the college or university where the courses were taken. Email to: realestate.commission@nebraska.gov
  - For Non-Nebraska Approved Courses: attached course syllabi or timed agendas for completed courses taken in another jurisdiction or for another license and am requesting the Commissions review to see if the course(s) will qualify for a portion of the Nebraska Resident Pre-License Education requirement.

### HISTORY OF YOUR REAL ESTATE EXPERIENCE AS A LICENSEE

The applicant must have worked full-time at activities that require a salesperson or broker license, or, if less than full-time, for a period of time equal to two years of full-time activities. An investigation will be made by the Commission to determine the applicant's level of activity. The experience requirement must be fulfilled by the time of the examination.

Business Name, Address (Street, City, Jurisdiction, Zip Code) and Phone Number	Name of Employing Broker
	Term of Employment From: _____ To: _____
Business Name, Address (Street, City, Jurisdiction, Zip Code) and Phone Number	Name of Employing Broker
	Term of Employment From: _____ To: _____
Business Name, Address (Street, City, Jurisdiction, Zip Code) and Phone Number	Name of Employing Broker
	Term of Employment From: _____ To: _____

