

DISTRICT OF COLUMBIA REAL ESTATE COMMISSION DUAL LICENSE APPLICATION

GENERAL INSTRUCTIONS

All applicants must complete every section of this application (front and back) and submit the original application and all required supporting documents with the total fee due. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514. If more space is needed to fully answer questions, attach additional sheets. If you have any questions, call Pearson VUE Customer Service at 888-204-6192.

1. TYPE OF APPLICATION AND FEES

Mark the type of license you would like in addition to the license(s) you currently hold. This form will be returned unprocessed if the fee is not included or if the fee is less than required. Make check or money order payable to: **PEARSON VUE. CASH PAYMENTS WILL NOT BE ACCEPTED.**

TOTAL FEE DUE

Associate Broker (AB)	\$295
Independent Broker (IB)	\$295
Principal Broker (PB)	\$295
Property Manager (PM)	\$295
Independent Broker - Individual (IB)	\$295
Independent Broker - Firm (IBF)	\$295
Independent Broker - Franchise (IBR)	\$295
Independent Broker - Association (IBA)	\$295

MAKE FEE PAYABLE TO:

PEARSON VUE

A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)

MAIL APPLICATION PACKAGE AND FEE TO:

PEARSON VUE/DC REAL ESTATE COMMISSION

8401 Corporate Drive, Metro-Plex 1, Suite 250 • Landover, MD 20785

2A. NAME

Enter name exactly as it appears on your license.

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FIRST NAME LAST NAME ML SUFFIX (Jr, Sr, etc.)

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TRADE NAME - Independent Brokers and Property Managers ONLY

2B. NAME CHANGE

If your name has changed enter it exactly as it should appear on the license. Be sure to fill in all applicable fields even if only the first or last name has changed. You must provide a notarized copy of the legal name change document (marriage certificates, divorce decrees, or court orders.)

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FIRST NAME LAST NAME ML SUFFIX (Jr, Sr, etc.)

Office Only

2C. SOCIAL SECURITY NUMBER*

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2D. DATE OF BIRTH

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MONTH DAY YEAR

2E. ORIGINAL LICENSE NUMBER

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PREFIX LICENSE NUMBER

3A. HOME ADDRESS

A street address MUST be provided. If applicable, choose only one box below and write the number in the boxes provided.

APARTMENT
 SUITE
 ROOM
 FLOOR
 NUMBER

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STREET ADDRESS LINE 1

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STREET ADDRESS LINE 2

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CITY

STATE

ZIP CODE

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AREA CODE HOME PHONE NUMBER

AREA CODE HOME FAX NUMBER

3B. BUSINESS ADDRESS (Broker Companies, Independent Brokers, and Property Managers ONLY)

A street address MUST be provided. If applicable, choose only one box below and write the number in the boxes provided.

APARTMENT
 SUITE
 ROOM
 FLOOR
 NUMBER

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STREET ADDRESS LINE 1

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STREET ADDRESS LINE 2

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CITY

STATE

ZIP CODE

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AREA CODE BUSINESS PHONE NUMBER

AREA CODE BUSINESS FAX NUMBER

* Under the authority of Public Law 93-579, Section 7 (b), the Department of Consumer and Regulatory Affairs requests your Social Security Number to assist in the administration of D.C. tax laws. Disclosure is not required as a part of the licensing process and will not be made available to the public.

