



Check website for current application fee  
Application fees are not refundable

## APPLICATION FOR A NEW CORPORATION, PARTNERSHIP OR LIMITED LIABILITY COMPANY REAL ESTATE LICENSE

RETURN TO:  
Division of Real Estate  
1560 Broadway Ste 925  
Denver, Colorado 80202  
Phone # (303) 894-2166

MAKE CHECKS PAYABLE TO:  
C.R.E.C. or  
Colorado Real Estate Commission  
**No Cash or Credit Accepted**

The status of your application will be available in 7 to 10 business days by accessing the Division of Real Estate (DRE) Internet homepage at: [www.dora.state.co.us/real-estate](http://www.dora.state.co.us/real-estate), click on "Search License Database".

Please do not call the DRE office for the status of your application until after you have accessed one of these two sources.

All forms and applications are available on the DRE Internet homepage .

### INSTRUCTIONS

- A. This form is to be used only for a corporation, partnership or limited liability company that does not have a current real estate license.
- B. All applicants must complete page 1 and the appropriate sections of page 2, 3 or 4.
- C. All licensees transferring to this company other than the broker applicant must complete page 4.
- D. The broker applicant's level of authority must be independent broker or employing broker\*.  
Note: \*All Colorado brokers licensed prior to 1-1-97 have Employing Broker level of authority.
- E. If the applicant has employed licensees that are not transferring to the new entity; they will automatically be placed inactive unless there is a concurrent application for transfer.
- F. Every active licensee **and** every licensed real estate company must maintain errors and omissions insurance pursuant to 12-61-103.6 C.R.S. and Commission Rule D-14. You may meet this requirement by enrolling with the Real Estate Commission's group coverage plan or by obtaining independent coverage. **Note: Failure to apply for errors and omissions insurance will render this application inactive, unless Commission staff receives verification within five days of applying.**
  - Enrollment forms for the Real Estate Commission's group coverage are available from the exam center, the Division of Real Estate office or homepage and Rice Insurance Services Company LLC. Phone: 1-800-637-7319
  - Certification forms for independent coverage (coverage other than the Commission's group policy) are available at the Commission office and on the Commission's homepage.

1. This application is on behalf of: (Check  only one).

List company name and trade name **EXACTLY** as shown on documents filed with the Colorado Secretary of State..

PARTNERSHIP: \_\_\_\_\_  
(Company Name)

Includes: General Partnership \_\_\_\_\_  
Limited Partnership \_\_\_\_\_ (Trade Name)  
Registered Limited Liability Partnership  
Registered Limited Liability Limited Partnership  
Limited Partnership Association

A CORPORATION: \_\_\_\_\_  
(Company Name)

\_\_\_\_\_ (Trade Name, if any, as filed with the Secretary of State)

A LIMITED LIABILITY CO: \_\_\_\_\_  
(Company Name)

\_\_\_\_\_ (Trade Name, if any, as filed with the Secretary of State)

2. Brokerage company address:

\_\_\_\_\_  
(Street) (Suite #) (City) (State) (Zip)

Business Phone number:(\_\_\_\_\_) E-mail Address: \_\_\_\_\_

P.O. Box for mailing purposes: \_\_\_\_\_

(Box #) (City) (State) (Zip)

NOTE: P.O. Box is not acceptable in lieu of a physical resident or brokerage address. **You must list a physical address.**

3. Name of Broker: \_\_\_\_\_

(Last) (First) (Initial)

Residence Address: \_\_\_\_\_

(Street) (Apt #) (City) (State) (Zip)

License # \_\_\_\_\_ Expiration: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (SSN required by 24-34-107 C.R.S. if not previously submitted)

4. Every active licensee **and separately** every licensed real estate business entity must maintain errors and omissions insurance pursuant to 12-61-103.6 C.R.S. and Commission Rule D-14. **(No active license may be maintained without proof of Errors and Omissions insurance.) If Commission staff does not receive verification of errors and omissions insurance with this application the application will not be processed and the license will be issued inactive. A new application and fee will be necessary.**

Please indicate  the manner in which you **and** the business entity are insured for errors and omissions under a professional liability protection insurance policy.

- I am insured with **Rice Insurance Services Company LLC.**, the Commission's group carrier, who will provide electronic verification of errors & omissions insurance coverage directly to the Commission.
- The **business entity** is insured with **Rice Insurance Services Company LLC.**, the Commission's group carrier. The group carrier will provide electronic verification of insurance coverage directly to the Commission. (This requires a separate policy in addition to the broker's policy.)
- I am insured with \_\_\_\_\_, an independent insurance carrier\* who is providing errors & omissions insurance coverage.
- The **business entity** is insured with \_\_\_\_\_, an independent insurance carrier\* who is providing errors & omissions insurance coverage.

(\*You must include the ERRORS AND OMISSIONS INSURANCE CERTIFICATION OF CONFORMING COVERAGE Commission form (REC-E&O 01/05) with this application unless such certification has been previously submitted to the Division and is still in effect).

## PARTNERSHIP

(see C.R.S. 12-61-103(7), Commission Rule C-22)

Includes: General Partnership, Limited Partnership, Registered Limited Liability Partnership, Registered Limited Liability Limited Partnership and Limited Partnership Association.

I hereby certify that:

- a. I have complied with continuing education requirements;
- b. This General Partnership and its trade name, if any, have been properly registered with the Colorado Secretary of State ; **or**
- c. This Limited Partnership, Registered Limited Liability Partnership, Registered Limited Liability Limited Partnership or a Limited Partnership Association and its trade name, if any, have been properly registered with the Colorado Secretary of State;
  - **You must include** a current **Certificate of Good Standing** issued by the Secretary of State with this application.
- d. I have been duly designated as the real estate broker for this partnership;
- e. If the general partner is a corporation or limited liability company, also complete page 3.

**Print or type the names of the General Partners having a 20% or more ownership interest:**

General Partner	% Ownership interest	General Partner	% Ownership interest
General Partner	% Ownership interest	General Partner	% Ownership interest

**WITH MY SIGNATURE BELOW I HEREBY ATTEST THAT I AM LAWFULLY PRESENT IN THE UNITED STATES OF AMERICA, AND THAT I DECLARE UNDER PENALTY OF PERJURY IN THE SECOND DEGREE PURSUANT TO 18-8-503 THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Signature of Broker Applicant

\_\_\_\_\_  
Date

PAGE 4 MUST BE COMPLETED FOR ALL LICENSEES (EXCEPT BROKER APPLICANT), TRANSFERRING TO THIS COMPANY.

**LIMITED LIABILITY COMPANY**

(see C.R.S. 12-61-103(7), Commission Rule C-22)

I hereby certify that:

- a. I have complied with continuing education requirements;
- b. This limited liability company has been properly registered with the Colorado Secretary of State;
  - **You must include** a current Certificate of Good Standing or a **copy of the Articles of Organization stamped as filed by the Secretary of State.**
  - If a trade name is to be used and is entered in Section one of this application **you must include** a current stamped copy of the filing or the **Certificate of Assumed or Trade Name issued by the Secretary of State.**
- c. I have been duly designated as the real estate broker for this limited liability company;

**Print or type the names of the Members or Managers having a 20% or more ownership interest:**

Manager	% Ownership interest	Manager	% Ownership interest
Manager	% Ownership interest	Manager	% Ownership interest

**WITH MY SIGNATURE BELOW I HEREBY ATTEST THAT I AM LAWFULLY PRESENT IN THE UNITED STATES OF AMERICA, AND THAT I DECLARE UNDER PENALTY OF PERJURY IN THE SECOND DEGREE PURSUANT TO 18-8-503 THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE**

Signature of Broker Applicant	Date
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PAGE 4 MUST BE COMPLETED FOR ALL LICENSEES (EXCEPT BROKER APPLICANT), TRANSFERRING TO THIS COMPANY.

**CORPORATION**

(see C.R.S. 12-61-103(7), Commission Rule C-22)

I hereby certify that:

- a. I have complied with continuing education requirements;
- b. This corporation has been properly registered with the Colorado Secretary of State;
  - **You must include** a stamped copy of a current **Certificate of Good Standing** issued by the Secretary of State.
  - If a trade name is to be used and is entered in Section one of this application **you must include** a current **Certificate of Assumed or Trade Name issued by the Secretary of State.**
- c. I have been duly designated as the real estate broker by the directors of this corporation;

**Print or type the names of all stockholders who own 20% or more of the issued and outstanding ownership stock.**

Name	% Ownership interest	Name	% Ownership interest
Name	% Ownership interest	Name	% Ownership interest

**WITH MY SIGNATURE BELOW I HEREBY ATTEST THAT I AM LAWFULLY PRESENT IN THE UNITED STATES OF AMERICA, AND THAT I DECLARE UNDER PENALTY OF PERJURY IN THE SECOND DEGREE PURSUANT TO 18-8-503 THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

Signature of Broker Applicant	Date
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PAGE 4 MUST BE COMPLETED FOR ALL LICENSEES (EXCEPT BROKER APPLICANT), TRANSFERRING TO THIS COMPANY

# Licensees Transferring To This Company

**Please Note:**

- You may use separate transfer forms or, if you wish, reproduce this page.
- A fee of \$ 50 for each associate licensee must be included.
- Every active licensee listed below must maintain errors and omissions insurance pursuant to 12-61-103.6 C.R.S. and Commission Rule D-14.
- No licensee will be transferred without proof of errors and omission insurance. Licensees without current E & O insurance in place will be placed inactive.
- Proof of Errors and Omission insurance for each licensee listed below must either be provided by:
  - The Commission’s group carrier, **Rice Insurance Services Company LLC**, 1-800-637-7319. The carrier has or will provide electronic verification of errors & omissions insurance coverage directly to the Commission;
  - or
  - An independent insurance carrier\* who is providing errors & omissions insurance coverage.. (\*You must include the errors and omission insurance certification of conforming coverage Commission form (REC-1-98-E&O) with this application unless such certification has been previously submitted to the Division and is still in effect).

In compliance with the Real Estate Broker License Law and Commission Rules, I hereby apply to be licensed to the company listed on page 1 of this form. I declare under penalty of perjury that, unless exempt, I have complied with continuing education requirements pursuant to 12-61-110.5 (1) CRS

Licensee (Print)	License No.	Signature
Social Security Number	Resident address	
Licensee (Print)	License No.	Signature
Social Security Number	Resident address	
Licensee (Print)	License No.	Signature
Social Security Number	Resident address	
Licensee (Print)	License No.	Signature
Social Security Number	Resident address	
Licensee (Print)	License No.	Signature
Social Security Number	Resident address	
Licensee (Print)	License No.	Signature
Social Security Number	Resident address	
Licensee (Print)	License No.	Signature
Social Security Number	Resident address	
Licensee (Print)	License No.	Signature
Social Security Number	Resident address	

I, the broker applicant listed on page one of this application, hereby request that the persons listed above be transferred to employment under me. I have informed the licensees of the written office policy and I will properly supervise these employee(s) during the period of time of employment with me pursuant to Rules E-29, E-30, E-31 and E-32. **I have verified with the commission office and certify that the above named licensee(s) have current E & O insurance.**

**In which specialty will you concentrate your business efforts?**  
 Residential Sales    Residential Management    Commercial Sales and/or Management  
 Subdivisions and/or Timeshares    Homeowner Associations    Vacation Management

SIGNATURE OF BROKER APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_