



# APPLICATION TO AMEND REAL ESTATE LICENSE: REINSTATE EXPIRED LICENSE

RETURN TO:  
Division of Real Estate  
1560 Broadway, Suite 925  
Denver, CO 80202  
Phone: 303-894-2166

RENEWAL FEES:  
For licenses expired 32 days to 1 year **\$171.00**  
For licenses expired more than 1 year but less than 3 years **\$228.00**  
An additional **\$50** is required if requesting **active** status  
Make check payable to C.R.E.C. or Colorado Real Estate Commission  
(Fees are non-refundable)

## **SECTION 1: AFFIDAVIT OF ELIGIBILITY**

Colorado law requires that only persons lawfully present in the United States be issued a license, certificate, registration or permit. Complete documentation must be provided upon request. (Applicants must complete all 3 parts)

### **PART A: LAWFUL PRESENCE IN THE UNITED STATES**

I, \_\_\_\_\_, swear or affirm under penalty of perjury  
print applicant's full name

under the laws of the State of Colorado that (**Check Items 1, 2 or 3**)

Item 1  I am a US citizen.

Item 2  I am not a US citizen but am lawfully present in the US as evidenced the statement marked below:

\_\_\_ I am a qualified alien as defined in 8 USC sec 1641

\_\_\_ I am a nonimmigrant under the Immigration and Nationality Act, Federal Public Law 892-414, as amended

\_\_\_ I am an alien who is paroled into the US under 8 USC sec 1182(d)(5).

Item 3  I am a foreign national not physically present in the US under 8 USC sec 1621(c)(2)(c) or employed in the US pursuant to 8 USC 1621(c)(2)(a).

### **PART B: SECURE AND VERIFIABLE DOCUMENT**

Please review the following list of acceptable secure and verifiable documents and **check the applicable box**.

State-issued permanent or temporary Driver's License, Driver's Permit or Identification Card expired less than 1 year

Valid foreign passport with Form I-94 or valid Processed Form 1551 stamps

Valid Form I-94 (L1 or R1 status) issued by the Canadian government and valid Canadian Driver's License or Identification Card

Valid 1551 Resident Alien/Permanent Resident Card.

Valid 1688 Temporary Resident Card, 1688B and 1766 Employment Authorization Card.

Valid US Military ID (active duty, dependent, retired, reserve and National Guard)

Tribal Identification Card with intact photo issued by US or Canada.

Certificate of Naturalization with intact photo.

Certificate of US Citizenship with intact photo.

**Please complete the following 3 questions about the document checked above:**

1. Enter the name of the state or federal agency that issued this document \_\_\_\_\_

2. Enter the document number \_\_\_\_\_

3. Enter the document expiration date \_\_\_\_\_

### **PART C: ATTESTATION**

- I understand that this sworn statement is required by law because I have applied for a professional or commercial license regulated by 8 USC sec 1621. I understand that state law requires me to provide proof that I am lawfully present in the US when asked and to submit a secure and verifiable document. I understand that I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections §18-8-503 and §18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in §18-8-503, C.R.S., that the above statements are true and correct.
- I am the person identified above. The information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Forms, applications and information about any licensee's status are available on the Division of Real Estate's internet home page:

[www.dora.state.co.us/real-estate](http://www.dora.state.co.us/real-estate)

REC-REINST (05/10)

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## SECTION 2: LICENSEE INFORMATION

*Subject to verification of compliance with errors and omissions (E&O) insurance requirements, this application will become effective within approximately five to 15 days of receipt of the properly completed form and fee by the Colorado Division of Real Estate.*

### **TO BE COMPLETED BY APPLYING LICENSEE**

Name of Applicant \_\_\_\_\_  
(Last) (First) (Middle) (Former/Maiden)

Real Estate License No. \_\_\_\_\_ License Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Level of Licensure  Associate Broker  Independent Broker  Employing Broker  
(If Associate Broker is checked, applicant's Employing Broker must complete the section below the dotted line.)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_  
(City) (State)

Social Security No. \_\_\_\_/\_\_\_\_/\_\_\_\_ (Required by 24-34-107 C.R.S. if not previously submitted.)

Residence Address \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

Mailing Address (P.O. Box number is not acceptable in place of a physical street address, but please check here  if that is your only option to receive mail.) \_\_\_\_\_  
(P.O. Box Number) (City) (State) (Zip Code)

Residence Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Firm Name \_\_\_\_\_

Firm Address \_\_\_\_\_  
(Number & Street) (City) State) (Zip Code)

**YOU MUST COMPLETE BOTH SIDES OF FORM**

Every active licensee must maintain E&O insurance pursuant to 12-61-103.6 C.R.S. and Rule D-14. Licensees can meet this requirement by enrolling in the Real Estate Commission's group coverage plan or by obtaining independent coverage. If the Commission cannot verify E&O coverage, this application will be cancelled. Please check the appropriate box below:

- I am insured with Rice Insurance Services Company, L.L.C., the Commission's group carrier. Please provide proof of E&O coverage with this form. (Enrollment forms for group coverage are available from PSI (1-800-733-9267), Rice Insurance (1-800-637-7319) and on the Division's website, [www.dora.state.co.us/real-estate](http://www.dora.state.co.us/real-estate)).
- I am insured with \_\_\_\_\_, an independent insurance carrier, which is providing E&O insurance coverage and have included Commission Form REC-E&O 01/05, Certification of Colorado Real Estate Errors and Omissions Independent Coverage, with this application (unless such certification was previously submitted to the Division and is still in effect).

*Please issue my license as indicated. I declare under penalty of perjury that unless exempt pursuant to 12-61-110(4) C.R.S., I have complied with the continuing education requirements of §12-61-110.5(1)(c) and have complied with the E&O insurance requirements of §12-61-103.6 C.R.S. and Rule D-14.*

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

## SECTION 3: LICENSE ACTIVATION (add'l \$50 fee required)

(If left blank, license will be reinstated on inactive status)

**Please complete this section to indicate employment information for active status. If applying for activation as an associate broker, your employing broker MUST sign on the "Employing Broker's Signature" line.**

Employing Broker Name (Please Print) \_\_\_\_\_  
(Last) (First) (Middle)

Firm Name \_\_\_\_\_ (Entity ID #) \_\_\_\_\_

Firm Address \_\_\_\_\_  
(Number & Street) (City) State) (Zip Code)

Business Phone ( ) \_\_\_\_\_ Real Estate License No. \_\_\_\_\_

Social Security No. \_\_\_\_/\_\_\_\_/\_\_\_\_ (Required by §24-34-107 C.R.S. if not previously submitted.)

*I am currently an active, licensed employing real estate broker by whom the applicant is to be employed. I have verified that the above-named applicant has current E&O insurance. (NOTE: A policy of E&O insurance coverage is required for the employing broker as well as a separate policy for the company if the company is a corporation, partnership or L.L.C.) I certify that, pursuant to Rules E-29, E-30, E-31 and E-32, I have informed this applicant of the written office policy and will properly supervise this employee during the period of employment with me.*

**Employing Broker's Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

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