



NORTH DAKOTA REAL ESTATE COMMISSION
 1110 College Dr. Suite 207
 Bismarck, ND 58501-1207

FOR OFFICIAL USE	
Seals sent	_____
Posted	_____
Receipt	_____

FIRM License Renewal for 2019

DUE: November 15, 2018 or late fees apply

Fee: \$150

Please answer all questions to avoid delays and possible late fees.

All real estate licenses shall expire on December 31 of each year. Failure to submit this annual renewal application form and fee as required by NDCC §43-23-13.1 will automatically cancel your license.

1. Name of partnership, corporation, LLC, or LLP:				
2. Address of partnership, corporation, LLC, LLP:	Street address	City/County	State	Zip Code+4
3. Mailing address (if different):	P.O. Box	City	State	Zip Code+4
4. License number:	Business phone:		Business fax:	
5. Email address (please print clearly):				
6. Web site (please print clearly):				

7. Firm operates as a: Corporation Partnership LLC LLP

8. Name of broker designated to act on behalf of this firm: _____

9. Do you operate a branch office? Yes No

10. Branch Office address/es _____

11. During 2018, have any disciplinary actions been instituted against the firm or any officer or member; has any officer or member been convicted of any felony; or has any officer or member been convicted of a misdemeanor involving theft, forgery, embezzlement, obtaining money under false pretenses, or other similar offense? **IF "YES", YOU MUST ATTACH DETAILS TO THIS APPLICATION.** Failure to accurately furnish the information is grounds for denial or revocation. Yes No

12. If applicant is a CORPORATION, give name and complete address of each of its officers **ONLY** if there have been any changes since last reported:

President:	Street address:	City	State/Zip code + 4
Vice President:	Street address:	City	State/Zip code + 4
Secretary:	Street address:	City	State/Zip code + 4
Treasurer:	Street address:	City	State/Zip code + 4

13. If applicant is a PARTNERSHIP, LLC or LLP, give name and complete address of each member **ONLY** if there have been any changes since last reported:

Name:	Street address:	City	State/Zip code + 4
Name:	Street address:	City	State/Zip code + 4
Name:	Street address:	City	State/Zip code + 4
Name:	Street address:	City	State/Zip code + 4

I certify that I have read this application and that the above information is true and correct.

Dated: _____ Signature: _____
 (Corporate Officer or Partner)