



**State of New Jersey**  
**Department of Banking and Insurance**  
**Real Estate Commission**  
 P.O. Box 328  
 Trenton, NJ 08625-0328  
 PH: (609) 292-7272  
 FAX: (609) 292-0944  
 Internet Address: www.dobi.nj.gov

## EXPERIENCE REPORT FOR BROKER APPLICANT

### (NJ APPLICANTS ONLY)

**APPLICATION FEE: \$25.00**

**TO OBTAIN A CERTIFICATE OF EXAMINATION ELIGILITY, APPLICANTS MUST SUBMIT:**

- 1.) Experience Report(s). **NOTE: Only one Application Fee is required for multiple Experience Reports for one submission.**
- 2.) Completed & fully executed 150 hours RE School Certificate (with school stamp affixed) from a NJREC approved institution.
- 3.) \$25.00 application fee payment method Cashier Check, Certified Check, Broker's Business Account Check or Money Order made payable to "STATE TREASURER OF NEW JERSEY". **NO PERSONAL CHECKS OR CASH ACCEPTED**

### SECTION I TO BE COMPLETED BY APPLICANT

PLEASE PRINT LEGIBLY OR TYPE. ILLEGIBLE OR INCOMPLETE APPLICATIONS WILL BE RETURNED & PROCESSING DELAYED.

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.				
			Full Name (First, MI, Last)	Salesperson Reference Number		
Home Mailing Address		City	State	Zip Code		
WORK PHONE # with Area Code and Extension (if applicable)				CELL PHONE # with Area Code		
Complete E-MAIL Address				HOME PHONE # with Area Code		

**Are you a high school graduate or the holder of a GED (Graduate Equivalent Diploma)?** Yes  No

**SELECT ONLY ONE OF THE FOLLOWING STATEMENTS:**

During the last three years, while licensed under the Broker, I had no other employment.

During the last three years, prior to my signing this report, while licensed as a salesperson with the Broker named below, I was also employed by \_\_\_\_\_ as a \_\_\_\_\_, I held this position from \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_ hours per day, \_\_\_\_\_ days per week, \_\_\_\_\_ weeks per year.

\_\_\_\_\_ Job Title \_\_\_\_\_ Date (mm/dd/yy) to \_\_\_\_\_ Date (mm/dd/yy)  
 (1-24) (1-7) (1-52)

**NOTE:** The Applicant may supply additional information on separate sheets regarding other employment or any information supplied by the Broker. **Any such submission must be signed, and dated, by the Applicant.**

**I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ABOVE, AND ON ANY ATTACHMENTS SUPPLIED BY ME, IS TRUE.** I am aware that providing false or misleading information in connection with a license application is grounds for the imposition of fines and the revocation of my license pursuant to N.J.A.C. 45:15-17 (n).

PRINT (Full Name: First, MI, Last)	SIGN (Full Name: First, MI, Last)	Date (mm/dd/yy)
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## REVERSE SIDE TO BE COMPLETED ONLY BY THE BROKER

**SECTION II****TO BE COMPLETED BY EMPLOYING BROKER/BROKER OF RECORD AND RETURNED WITHIN FIVE DAYS OF RECEIPT**

I HEREBY CERTIFY THAT THE ABOVE NAMED APPLICANT WAS AND/OR HAS BEEN CONTINUOUSLY LICENSED AS A REAL ESTATE SALESPERSON UNDER MY SUPERVISION, AS HIS/HER BROKER, FROM:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
DATE (mm/dd/yy) DATE (mm/dd/yy)

[ NOTE: If current employer, write **PRESENT** ]

**IT IS MANDATORY TO COMPLETE ALL INFORMATION IN ENTIRETY**

- 1.) Applicant  DID or  DID NOT work as a Salesperson at least 40 hours per week between approximately 10:00 a.m. & 8:00 p.m. five days in each week. (CHECK ONE OF THE FOLLOWING):
- YES, I am aware the Applicant also worked as a \_\_\_\_\_, \_\_\_\_\_ days per week  
(Job Title) (1-7)  
during the hours of approximately \_\_\_\_\_  am  pm to \_\_\_\_\_  am  pm
- NO, I have no knowledge of the Applicant's other employment
- 2.) Through my firm, the Applicant worked and was compensated as the listing and/or selling or renting salesperson on the following types of closed transactions (CHECK ALL THAT APPLY):
- Residential Sales  Commercial/Industrial Sales  
 Residential Leases (non-seasonal)  Acreage Sales  
 Seasonal Leases  Commercial/Industrial Leases
- 3.) The Applicant was compensated for his/her work on property management accounts with my firm which did involve the solicitation for new tenants to fill vacancies, and/or the receipt of security deposits to be escrowed, and/or the collection of rents and/or the negotiation of leases.
- YES (If YES, such accounts are related to):  
 Residential buildings, containing a total of \_\_\_\_\_ units.  
 Commercial buildings containing a total of \_\_\_\_\_ units.
- NO
- 4.) If Applicant asserts extensive experience in a specialized field of brokerage, attach a separate sheet, signed and dated by the Broker, describing the specialized field in detail and indicate the volume of transactions.
- 5.) OTHER REMARKS OR RECOMMENDATIONS: \_\_\_\_\_

6.) **SELECT ONLY ONE OF THE FOLLOWING STATEMENTS:**

- I have no reason to question the Applicant's good moral character, honesty, integrity and competence.
- I question the good moral character, honesty, integrity and competence of the Applicant for the following reasons:  
\_\_\_\_\_

As the Broker signing this report, I HEREBY CERTIFY THAT I am now, and have been a licensed New Jersey Real Estate Broker for the last \_\_\_\_\_ years. THE INFORMATION SUPPLIED HEREIN IS TRUE ACCORDING TO MY RECORDS; SECTION II, OF THIS REPORT WAS COMPLETED BY ME WITHOUT THE APPLICANT'S ASSISTANCE; and to the best of my knowledge, the information supplied by the Applicant in Section I of this report is true. I am aware that providing false or misleading information in connection with a license application is grounds for the imposition of fines and the revocation of my Broker's license pursuant to N.J.A.C. 45:15-17(a).

Firm Name	PRINT Broker's Name (First, MI, Last)
Firm Reference Number	SIGNATURE Broker's Name (First, MI, Last)
Firm Business Address	Broker's Reference Number
Telephone Number (Area Code + Number)	Date (mm/dd/yy)