

# SALESPERSON RENEWAL APPLICATION

RE 209A (Rev. 7/98)

**Read instructions on pages 3 and 4**

**TO AVOID PENALTY -- RENEW ON OR BEFORE CURRENT LICENSE EXPIRATION DATE.**

1. **RENEWAL STATUS** (CHECK ONE BOX. SEE PAGES 3 AND 4 FOR ON-TIME AND LATE INFORMATION.)

☐ **On Time**  
(on or before expiration date)

☐ **Late**  
(after expiration date)

Refer to Examination & Licensing Fees (RE 206) for current fee.

2. IDENTIFICATION NUMBER

**LICENSE CHANGES** -- Changes indicated will be effective the date the application is received by DRE, if this application is filed before the current license expiration date.

☐ Change of Personal Name  
☐ Change of Broker

☐ Change of Mailing Address

3. WITHIN THE PAST FOUR YEAR PERIOD, HAVE YOU BEEN CONVICTED OF ANY VIOLATION OF LAW? (YOU MAY OMIT CONVICTIONS FOR DRUNK DRIVING, RECKLESS DRIVING, AND MINOR TRAFFIC CITATIONS WHICH DO NOT CONSTITUTE A MISDEMEANOR OR FELONY OFFENSE.) ..... ☐ YES ☐ NO

**IF YES, COMPLETE ITEMS 15-16 ON PAGE 2.**

4. DO YOU RESIDE IN CALIFORNIA? ..... ☐ YES ☐ NO

IF NO, A CONSENT TO SERVICE OF PROCESS (RE 234) MUST BE ON FILE WITH DRE.

5. ON RENEWAL DATE, WILL YOU BE ENGAGED IN REAL ESTATE ACTIVITIES FOR WHICH A CALIFORNIA REAL ESTATE LICENSE IS REQUIRED? ☐ YES ☐ NO

**IF YES, BROKER MUST SIGN AND COMPLETE BROKER INFORMATION ON PAGE 2.**

6. CHECK "NO MAILINGS" BOX IF YOU DO NOT WANT YOUR NAME AND ADDRESS TO BE INCLUDED ON MAILING LISTS. .... ☐ NO MAILINGS

7. NAME - LAST	FIRST	MIDDLE
8. NEW PERSONAL NAME (SEE PAGE 3) - LAST	FIRST	MIDDLE

9. MAILING ADDRESS -- STREET ADDRESS OR POST OFFICE BOX

CITY		STATE	ZIP CODE
10. SOCIAL SECURITY NO. (SSN is mandatory; see Privacy Notice)	11. BIRTH DATE (MONTH/DAY/YEAR)	12. BUSINESS TELEPHONE ( )	13. RESIDENCE TELEPHONE ( )

## Salesperson Certification

*I certify under penalty of perjury that the answers and statements given in this application are true and correct and that if licensed I will not violate any provisions of the Real Estate Law nor abuse the privileges of a real estate licensee. I understand that if I fail to qualify for renewal for any reason or withdraw this application the Department of Real Estate cannot refund the fees remitted with this application.*

14. SIGNATURE OF SALESPERSON	DATE
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**Note:** Please read information on pages 3 and 4 before completing. Mail appropriate documents to:

Department of Real Estate  
P.O. Box 187003  
Sacramento, CA 95818-7003

## FOR DRE USE ONLY

PROCESSOR NUMBER AND DATE PROCESSED	EFFECTIVE DATE
COMMENTS/FORM LETTERS	EXPIRATION DATE
VIOLATIONS	

**CONVICTION DETAILS**

"Convicted" as used in item 3 includes a verdict of guilty by judge or jury, a plea of guilty or of nolo contendere, or a forfeiture of bail in municipal, superior, or federal court. All convictions must be disclosed whether or not the plea or verdict was set aside, the conviction against you was dismissed or expunged, or if you have been pardoned.

**15. DETAILED EXPLANATION OF ITEM 3.**

COMPLETE ONE LINE FOR EACH VIOLATION AND PROVIDE EXPLANATION BELOW. IF YOU ARE UNABLE TO PROVIDE THIS INFORMATION, A DETAILED EXPLANATION MAY SUFFICE. IF THE CONVICTION STATUS HAS BEEN SUBSEQUENTLY CHANGED OR REDUCED, NOTE THAT FACT IN THE AREA PROVIDED FOR ADDITIONAL INFORMATION.

ATTACHMENTS FOR ADDITIONAL INFORMATION: SPECIFY WHICH LINES YOU ARE REFERRING TO. **EACH ADDITIONAL SHEET MUST BE SIGNED BY APPLICANT**

\* CODE SECTION VIOLATED (i.e., 1014, 484, ETC.)

\*\* CODE VIOLATED (i.e., U.S. CODE, PENAL CODE, ETC.)

\*\*\* DISPOSITION (i.e. PROBATION, PAROLE, FINE, LENGTH OF TERM, etc.)

COURT OF CONVICTION (Name and Address)	ARRESTING AGENCY (Name and Address)	DATE OF CONVICTION	* CODE SECTION VIOLATED	** CODE VIOLATED	*** DISPOSITION	CASE NUMBER
<b>Example:</b> U.S. District Court, Eastern Dist. Of California 456 Main St., Sac	Federal Bureau of Investigation 123 Main St., Sac	2/20/91	1014	18 U.S. Code	3 years probation and \$20,000 fine	S-91-012-LMO
15A.						
15B.						

15C. ADDITIONAL INFORMATION: SPECIFY WHICH LINES YOU ARE REFERRING TO.

16. SIGNATURE OF SALESPERSON, IF ITEM 15 ABOVE IS COMPLETED

DATE

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**EMPLOYING BROKER INFORMATION**

17. BROKER OR CORPORATION ID NUMBER

18. BROKER OR CORPORATION NAME (PRINT AS IT APPEARS ON LICENSE CERTIFICATE; NO DBA'S.)

19. BUSINESS TELEPHONE NUMBER (INCLUDE AREA CODE)

( )

20. RESIDENCE TELEPHONE NUMBER (INCLUDE AREA CODE)

( )

21. BROKER OR CORPORATION MAIN OFFICE ADDRESS (STREET ADDRESS, CITY, ZIP CODE)

**Broker Certification**

*I am aware of the provisions of Section 3700 of the Labor Code which require every employer to be insured against liability for workers' compensation. I certify that this salesperson is employed by me and there is a written agreement on file in my office in compliance with Section 2726 of the Regulations of the Real Estate Commissioner. (Refer to page 4.)*

22. SIGNATURE OF BROKER OR LICENSED OFFICER

DATE

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23. PRINTED NAME OF SIGNER ON LINE #22