

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Commercial Services
 Licensing Division
 REAL ESTATE
 P.O. Box 30243, Lansing, MI 48909
 517-373-7353 Fax: 517-373-1044
 www.michigan.gov/realestate

VERIFICATION OF REAL ESTATE EXPERIENCE

AUTHORITY: P.A. 299 of 1980, as amended

COMPLETION: Mandatory

PENALTY: Failure to complete may result in denial of your application

Information provided on this form may be released to the public in accordance with the Freedom of Information Act, 1976 PA 442, as amended.

PLEASE NOTE: Possession of an active salesperson's license with insufficient activity will not fully meet qualification requirements for a broker's license.

NOTICE TO BROKER: Under Act 299 of 1980, as amended, an applicant for a broker's license must have the equivalent of three (3) years of full-time experience in the business of real estate or in a field that is determined by the Department to be relevant and related to the business of real estate. Such experience must be full-time active experience, or the equivalent thereof.

INSTRUCTIONS: Complete a separate form for each term of employment or position with an employing broker who is verifying applicant's experience in real estate. Fill out both sides of this form. Relevant related experience is verified by using Form BCS/LRE-032.

1. NAME OF BROKER LICENSE APPLICANT (Last, First, Middle)	
2. ADDRESS OF BROKER LICENSE APPLICANT (Number, Street, City, State, ZIP Code)	
3. APPLICANT WAS EMPLOYED FROM (Month/Day/Year)	4. APPLICANT WAS EMPLOYED UNTIL (Month/Day/Year)

5. Enter below the approximate number and types of transactions in which the applicant participated (by calendar year):

YEAR	# PROPERTIES YOU LISTED	# OF PROPERTIES YOU SOLD (not \$ amount)	# OF LEASES AND RENTAL AGREEMENTS	# OF APPRAISALS COMPLETED (not \$ amount)	TYPE OF APPRAISALS (i.e., describe if narrative, FNMA, etc.)

6. COMMISSION PAID TO APPLICANT DURING LAST 12 MONTHS OF EMPLOYMENT \$	7. IF APPLICANT WAS EMPLOYED LESS THAN 12 MONTHS, ENTER NUMBER OF MONTHS EMPLOYED
8. APPLICANT WORKED: <input type="checkbox"/> FULL TIME* <input type="checkbox"/> PART TIME - Enter hours per week:	9. DID APPLICANT HAVE OTHER EMPLOYMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES*

*NOTE: "Full time" means at least 40 hours per week. If Applicant worked more than 40 hours per week, he/she is not credited with any additional qualifying time. If Applicant had any other employment, it must be explained below even though he/she may have devoted 40 or more hours per week with you.

10. EXPLANATION (if applicable)

**COMPLETE PAGE 2 OF THIS FORM
 FAILURE TO DO SO WILL CAUSE THE DEPARTMENT TO RETURN THIS FORM TO YOU FOR COMPLETION.**

THIS FORM SHOULD BE COMPLETED BY THE EMPLOYING BROKER WHO CAN VERIFY THE ACTIVITY HEREIN DURING THE PERIOD SPECIFIED. HOWEVER, IF THE FORM CANNOT BE COMPLETED BY THE EMPLOYING BROKER, INDICATE THE REASON BELOW.

11. The signatory on this form is: Employing Broker
 Other - Employing Broker is Unavailable Due To:
 Death
 Inability to locate
 Refusal to complete form
 Other (explain below)

12. If you checked "other" twice in response to question 11 above, please provide an explanation of why the employing broker is unavailable to complete this form.

13. If the signatory on this form is not the employing broker, please explain who the signatory is in this case. Your explanation is a requirement.

14. NAME OF PERSON COMPLETING FORM (Signatory)	15. DAYTIME TELEPHONE NUMBER
16. NAME OF COMPANY	17. E-MAIL ADDRESS
18. COMPLETE MAILING ADDRESS OF COMPANY	
I hereby certify that the statements made in this application are true and correct. I have not withheld information that might affect the decisions to be made on this Applicant's application. I am aware that a false statement or dishonest answer may be grounds for denial of Applicant's application, disciplinary action on my license, or may be punishable by law. I hereby authorize the Michigan Department of Licensing and Regulatory Affairs and its agents to investigate any statements made by me on this form.	
19. SIGNATURE OF PERSON COMPLETING FORM	20. DATE OF SIGNATURE