

**State of Florida**  
**Department of Business and Professional Regulation**  
**Florida Real Estate Commission**  
**Application for Sales Associate License**  
**Form # DBPR RE 1**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**. Note: Applicants must provide at least one physical address. **For fees, instructions, and additional information, see Section VII, pages 8-10, of this application.**

**Section I – Application Type**

CHECK ONE OF THE APPLICATION TYPES
<ul style="list-style-type: none"> <li>▪ Sales Associate License [2501/1010] <ul style="list-style-type: none"> <li><input type="checkbox"/> FL Resident (Complete Sections I-V)    <input type="checkbox"/> non-FL Resident (Complete All Sections)</li> </ul> </li> <li>▪ Sales Associate License (See Section VII (2) (a) (i) (b) for more information) [2501/1011] <ul style="list-style-type: none"> <li><input type="checkbox"/> Mutual Recognition - non-FL Residents Only (Complete All Sections)</li> </ul> </li> </ul>
If you are requesting mutual recognition, from what state are you requesting?

**Section II – Applicant Personal Information**

PERSONAL INFORMATION			
Social Security Number*			
FULL LEGAL NAME			
Last/Surname	First	Middle	Suffix
Birth Date (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
County (if Florida address)		Country	
CONTACT INFORMATION			
Primary Phone Number	Primary E-Mail Address		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address			
City	State	Zip Code (+4 optional)	
County (if Florida address)		Country	
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number		Fax Number	
Alternate Email Address			

\*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653, 654, and 666(a); and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers must be recorded on all professional and occupational license applications and will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations.

**Section II – Applicant Personal Information - continued**

CURRENT/PRIOR LICENSE INFORMATION			
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list them below (attach additional copies if necessary):			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
PRIOR NAME INFORMATION			
Have you used, been known as, or been called by another name (e.g., maiden name or nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If your answer is yes, state name or names used below:			
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix

**Section III (a) – Background Questions**

BACKGROUND QUESTIONS			
1.	<input type="checkbox"/> Yes (If yes, please complete Section III (b))	<input type="checkbox"/> No	Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0581, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	<input type="checkbox"/> Yes (If yes, please complete Section III (b))	<input type="checkbox"/> No	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, related to the practice or profession for which you are applying, or is there any such case or investigation pending?
3.	<input type="checkbox"/> Yes (If yes, please complete Section III (c))	<input type="checkbox"/> No	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?

**Section III (a) – Background Questions - continued**

4.	<input type="checkbox"/> Yes (If yes, please complete Section III (c))	<input type="checkbox"/> No	Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?
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If you answered "YES" to questions 1-4 above, please provide the full details of any criminal conviction, lawsuit or judgment, or administrative action, including the nature of any charges, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application. Please complete Section III (b) for your response to questions 1 and 2, and complete Section III (c) for your response to questions 3 and 4. If you have more than three offenses to document in Section III (b), attach additional copies as necessary.

**Section III (b) – Explanation(s) for Background Questions 1 and 2**

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	



**Section IV – Other Preliminary Information and Important Considerations**

Are you a high school graduate or the holder of an equivalency certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If you wish to take the examination in Spanish, see Section VII (2) (d) (ii) for more information.</b>
<b>If you will require testing accommodations due to disability, see Section VII (2) (d) (iii) for further instructions.</b>
<b>If you are a member of the Florida Bar in good standing, be certain to include your Florida Bar license number and information in Section II of this application.</b>

**Section V – Oath/Affirmation**

<b>OATH/AFFIRMATION</b>	
<p>Each application for a license or renewal of a license issued by the Department of Business and Professional Regulation shall be signed under oath or affirmation by the applicant, or owner or chief executive of the applicant without the need for witnesses unless otherwise required by law.</p> <p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this application has the same legal effect as if made under oath. Under penalty of perjury, I affirm that all information contained on this application is true and correct. <b>I understand that falsification of any information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</b></p>	
Signature:	Date:
Print Name:	

**Section VI – Irrevocable Consent to Service (Applicable to non-Florida resident applicants only)**

**This section is applicable to non-resident applicants only, and must be acknowledged before a notary public.**

I agree, as holder of a Florida Real Estate license, to submit to the jurisdiction of the Department of Business and Professional Regulation and the Division of Administrative Hearings, which agreement is irrevocable.

I agree, as the holder of a Florida Real Estate license, that the Director of the Division of Real Estate and his/her successors in office shall receive service of all legal process issued against me in any administrative or civil action or proceeding in this state, and process so served shall be valid and binding, which agreement is irrevocable. I further agree to file with the Division of Real Estate an address (shown below) where a copy of the process served upon the Division Director is to be sent by registered mail, and that I will keep said address current.

Last/Surname	First	Middle	Suffix
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Street Address or P.O. Box

City	State	Zip Code (+4 Optional)
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Signature:

**NOTARIZATION**

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_  
20 \_\_\_\_\_,

By \_\_\_\_\_

Personally known \_\_\_\_\_, or produced

Identification \_\_\_\_\_

Type of identification produced \_\_\_\_\_

(Signature of Notary Public)

(Print, type, or stamp commissioned name of Notary Public)

**APPLICATION CHECKLIST - IMPORTANT - Submit all items on the checklist below with your application to ensure faster processing.**

<b>TRANSACTION</b>	<b>APPLICATION REQUIREMENTS</b>
<b>Sales Associate License</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete this application.</li> <li><input type="checkbox"/> Submit the \$105 fee. Make check payable to DBPR.</li> <li><input type="checkbox"/> Submit electronic fingerprints. <b>See Section VII (1) (g).</b></li> <li><input type="checkbox"/> Submit course completion report, if applicable. <b>See Section VII (1) (f) (i) (b).</b></li> <li><input type="checkbox"/> Have certified official transcripts or certificate submitted directly from the institution, if applicable. <b>See Section VII (1) (f) (i) (a) (ii).</b></li> <li><input type="checkbox"/> Submit supporting legal documentation, if necessary. <b>See Section VII (2) (c).</b></li> <li><input type="checkbox"/> Submit testing accommodation application, if necessary. <b>See Section VII (2) (d) (iii).</b></li> </ul>
<b>Mutual Recognition</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete this application.</li> <li><input type="checkbox"/> Submit the \$105 fee. Make check payable to DBPR.</li> <li><input type="checkbox"/> Submit electronic fingerprints. <b>See Section VII (1) (g).</b></li> <li><input type="checkbox"/> Submit a certification of license history. <b>See Section VII (2) (a) (i) (b) (iii).</b></li> <li><input type="checkbox"/> Submit supporting legal documentation if necessary. <b>See Section VII (2) (c).</b></li> <li><input type="checkbox"/> Submit testing accommodation application, if necessary. <b>See Section VII (2) (d) (iii).</b></li> </ul>

**Please mail your completed application, documentation and required fee(s) to:**

Department of Business and Professional Regulation  
1940 North Monroe Street  
Tallahassee, FL 32399-0783

## Section VII – Instructions

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.

### 1. Requirements for Real Estate Sales Associate License

- a. Applicant must be at least 18 years old.
- b. Applicant must possess a high school diploma or its equivalent.
- c. Applicant must possess a Social Security number to apply.
- d. Applicant must complete and pass a FREC approved 63-hour Sales Associate pre-licensure course.
  - i. There are exemptions. See 1 (f) (i) (a) below.
  - ii. See [http://www.myfloridalicense.com/dbpr/re/documents/re\\_schools.pdf](http://www.myfloridalicense.com/dbpr/re/documents/re_schools.pdf) for a list of approved real estate schools.
- e. Any applicant who is not a resident of Florida must complete the irrevocable consent to service portion of this application. See Section VI, above.
- f. Applicant must pass the sales associate exam given by the State of Florida.
  - i. In order to qualify for the state sales associate exam an applicant must:
    - a. Satisfy the pre-licensure education requirements. There are exemptions. See [http://www.myfloridalicense.com/dbpr/re/documents/FREC\\_FAQs.pdf](http://www.myfloridalicense.com/dbpr/re/documents/FREC_FAQs.pdf) for more information.
      - i. Note: Attorneys in good standing with the Florida Bar are exempt from the 63-hour sales associate pre-licensure course. Such attorneys seeking licensure as a sales associate should be certain to include their Florida Bar license # and information in Section II of this application.
      - ii. Note: An applicant who holds a four-year degree in real estate is exempted from the 63-hour sales associate pre-licensure course. Applicants wishing to claim this exemption should have the relevant educational institution submit official transcripts demonstrating the applicant meets the qualifications for exemption.
    - b. Submit at the time of examination the course completion report, if not included with this application. See Rule 61J2-3.015 of the Florida Administrative Code, <https://www.flrules.org/gateway/RuleNo.61J2-3.015>, for more information.
    - c. Submit admissions authorization letter (from the Department's testing vendor) at the time of examination.
      - i. See 3 (a) (ii) below.
    - d. Submit proof of identification at the time of the examination.
  - g. Applicant must submit electronic fingerprints.
    - i. Pursuant to Chapter 475, Florida Statutes, electronic fingerprinting is mandatory for all real estate sales associate, real estate broker, and real estate appraiser applicants. Electronic fingerprinting allows applicants to have their fingerprints scanned and electronically submitted to the Florida Department of Law Enforcement (FDLE) and Federal Bureau of Investigation (FBI).
    - ii. Electronic Fingerprinting is located at various convenient sites throughout the state. See [http://www.myfloridalicense.com/dbpr/servop/testing/documents/finger\\_faq.pdf](http://www.myfloridalicense.com/dbpr/servop/testing/documents/finger_faq.pdf) for more information.

### 2. General Information and Instructions

#### a. Section I

- i. General Information:
  - a. Sales associate licensure
    - i. Applicants that do not wish to obtain licensure through mutual recognition (see below) should check this box.
  - b. Mutual recognition sales associate licensure
    - i. Florida has mutual recognition with certain states.

- ii. Again, any applicant who is not a resident of Florida must complete the irrevocable consent to service portion of this application. See Section VI, above.
  - iii. A current certification of license history from the state you are claiming as the mutual recognition state is required. The history must contain your initial license exam type, current license status, disciplinary information, and how many active months of licensure the applicant has within the preceding five years.
  - iv. Specific mutual recognition agreement and other information can be viewed at <http://www.myfloridalicense.com/dbpr/re/mutualrecognition.html>.
- ii. Check the appropriate box.
- b. Section II**
- i. Fill out each section completely. A social security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
  - ii. In the Full Legal Name section, applicants must use the name as it appears on his or her social security card. Do not use any nicknames or initials.
  - iii. Applicants must furnish at least one physical address – i.e., not a P.O. Box.
- c. Sections III (a), (b), and (c)**
- i. Question 1:
    - a. If you answer “yes” to this question, you must complete Section III (b) [*make additional copies as necessary*] of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.
    - b. If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
  - ii. Question 2:
    - a. If you answer “yes” to this question, you must complete Section III (b) [*make additional copies as necessary*] of the application and provide a copy of the judgment or decree. You must also supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.
  - iii. Question 3:
    - a. If you answer “yes” to this question, you must complete Section III (c) [*make additional copies as necessary*] of the application and supply copies of documentation explaining the denial or pending action.
  - iv. Question 4:
    - a. If you answer “yes” to this question, you must complete Section III (c) [*make additional copies as necessary*] of the application and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.
- d. Section IV**
- i. Check all applicable boxes.
  - ii. If you wish to take the examination in Spanish, see <http://www.myfloridalicense.com/dbpr/re/LicensureInformation.html> for more information.
  - iii. NOTE: If you have a disability and require special accommodations in taking this examination, you must submit a "Request for Special Accommodations" application along with your application. If accommodations are not requested in advance, we cannot guarantee the availability of accommodations. For more information see <http://www.myflorida.com/dbpr/servop/testing/ADA.html>.
- e. Section V**
- i. The applicant must sign the attestation statement.
- f. Section VI**
- i. All applicants that are not residents of Florida must complete the Irrevocable Consent to Service section.

### 3. Other Information

#### a. Testing Information

- i. An applicant will be notified when approved for the examination, and must appear for examination within two years from the date the application was received by the Department of Business and Professional Regulation (DBPR).
- ii. The testing vendor will be notified, by DBPR, once the application has been approved. The testing vendor will contact the applicant with the required testing administration information. The applicant will receive an admissions authorization letter.
- iii. The examination fee will be paid separately by the applicant to the testing vendor.
- iv. After passing the exam, the testing vendor will download the grade information to DBPR's system and at that point the system will automatically issue a license number. This can take up to ten working days. After DBPR issues the license, it still takes ten to twelve working days before DBPR mails the license.

#### b. Employment Information

- i. Upon passing the examination, an applicant will receive a certificate of licensure. This does not mean the applicant's license is "active". The applicant may activate his or her license upon securing employment by filing form # DBPR RE 10. The qualifying broker can also add (activate) the sales associate via the broker's online account with DBPR, or by completing form # DBPR RE 11.

#### c. Post-Licensure Education

- i. In accordance with Florida Real Estate Commission Rule 61J2-3.020(1) of the Florida Administrative Code, all applicants for licensure who pass the state sales associate examination must satisfactorily complete a Commission prescribed or approved post-licensing course prior to the first renewal following initial licensure (i.e., in the applicant's first year of licensure).
- ii. Please see [http://www.myfloridalicense.com/dbpr/re/documents/FREC\\_FAQs.pdf](http://www.myfloridalicense.com/dbpr/re/documents/FREC_FAQs.pdf) for additional information.

#### d. Refunds

- i. Submitting this application and required fees implies your intent to pursue licensure. The department must receive your written request for a refund, per Section 215.26 (2), Florida Statutes, no more than 3 years after the right to a refund has accrued.
- ii. For more information on refunds, see also Rule 61J2-2.0261 of the Florida Administrative Code.