

# Broker or Managing Associate Broker Licence Application



601-1595 Bedford Highway, Bedford, Nova Scotia, B4A 3Y4

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Website: nsrec.ns.ca Email: licensing@nsrec.ns.ca

**INSTRUCTIONS:** Current or previously licensed brokers/ managing associate brokers and CFTA applicants complete Section A and C.

First-time brokers/ managing associate brokers complete Sections A, B, and C.

Brokerage owners/directors complete Section D.

All questions must be answered completely and truthfully. The making of a false statement on this statutory declaration constitutes a criminal offense and is punishable by law. Any statutory declaration containing a material falsity may result in the refusal of this application and the suspension or cancellation of any license issued thereupon.

**NOTE:** Incomplete or illegible applications will be returned unprocessed.  
If more space is needed to respond to questions, attach an additional sheet of paper.  
**A completed Schedule A or Schedule B, as appropriate, must be attached to this application.**

## SECTION A - APPLICANT INFORMATION

<input type="checkbox"/> <b>Managing associate broker application</b>			<input type="checkbox"/> <b>Broker application</b>		
First name		Last name		Middle initial	
Nickname (may replace your <u>first name only</u> in advertising)		Date of birth (dd/mm/yyyy)			
Residential address					
Email address		Home phone		Cell phone	
Brokerage name					
Brokerage/ branch office address					
Brokerage phone number			Brokerage email address		

1. Have you had any licence or registration of any kind refused, suspended, or revoked? ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_
2. Will you be employed in any other business, occupation or profession? ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_
3. Are there currently any pending or unpaid judgments or lawsuits against you (including Revenue Canada)? ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_
4. Are you a discharged bankrupt, awaiting discharge, or presently a party to bankruptcy proceedings? ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_
5. Have you ever been involved as an officer, director, or majority shareholder with a corporation that is bankrupt or presently a party to bankruptcy proceedings? ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_
6. Were you convicted of any offence under any law of any country, province, or state, or disciplined by any professional/ occupational body or society? ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_
7. Were you licensed under a name other than the name that appears on this licensing form or taken educational courses under a different name? ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_
8. Are you legally able to work in Canada? ☐ Yes ☐ No
9. Provide your work history for the past three years, including any periods of unemployment.

Employer	Location	Type of business	Job title	Period of employment (start date to end date)

## SECTION B - BROKER/ MANAGING ASSOCIATE BROKER EXPERIENCE DECLARATION

**Complete this section if you are applying for a broker or managing associate broker licence for the first time. Check the box or boxes that apply.**

10. An applicant for a broker-level licence must have three years experience as a licensed salesperson; and
- ☐ conducted a minimum of 20 residential real estate transactions, including five transactions where the applicant represented the buyer in single agency and five transactions where the applicant represented the seller in an agency relationship; OR
  - ☐ conducted a minimum of 10 commercial real estate transactions; OR
  - ☐ equivalent experience approved by the Commission.

I have read and understand the foregoing. I certify that I have the experience stated above and I am therefore eligible for a broker-level licence. I further understand that the Commission may take steps, at any time, to verify my trading experience.

\_\_\_\_\_  
*Signature of applicant*

**SECTION C - APPLICANT AUTHORIZATION AND DECLARATION**

I hereby authorize the Nova Scotia Real Estate Commission to verify with the appropriate sources any information given or supplied as part of this application, which may include a credit check or checking for judgements. I, the undersigned, understand and acknowledge that submitting false information in the course of applying for a licence is an offence under Commission by-law 336, and may result in the refusal of the application, disciplinary proceedings and/or the suspension or cancellation of any license issued thereupon.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
PRINT NAME

**SECTION D - BROKERAGE OWNER/ DIRECTOR AUTHORIZATION**

I, \_\_\_\_\_ hereby certify that the information given by  
NAME OF OWNER/DIRECTOR

\_\_\_\_\_ in the foregoing application is to the best of my knowledge  
NAME OF APPLICANT

and belief true. I further certify that the applicant, if granted a broker ☐ or managing associate broker licence ☐, is

authorized to represent \_\_\_\_\_  
NAME OF BROKERAGE

and that sponsorship will commence upon approval of this application by the Commission.

By \_\_\_\_\_  
AUTHORIZED SIGNATURE TITLE OF OFFICIAL SIGNING

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE