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Phone: (403) 228-2954 or 1-888-425-2754
Fax: (403) 228-3065 Web: www.reca.ca

2011/2012
Effective August 1, 2011

THIS APPLICATION IS VALID FOR 30 DAYS FROM THE DATE IT IS SWORN

A. INDUSTRY AND CLASS OF LICENCE *Must be completed

Real estate broker

Mortgage broker

B. INDIVIDUAL INFORMATION *All fields marked with an asterisk must be completed

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	* 1. Last name		
* 2. Legal first name		* 3. Legal middle name(s) (initials not acceptable)	
4. Also known as name(s)		* 5. All previous legal names & other names by which you are/have been known (including maiden and married names)	
* 6. Residential address (PO Box not acceptable)		* 7. City	* 8. Prov/State
10. Mailing address (if different from residential address)		11. City	12. Prov/State
* 14. Birth date (mm/dd/yy)		* 15. Primary phone number	16. Alternate phone number
* 9. Postal/Zip code			
* 13. Postal/Zip code			
* 17. Primary e-mail address			

C. INFORMATION RESPECTING SUITABILITY *Must be completed

These questions apply to any and all situations and/or events preceding the date of this application. Please read each of the following questions carefully and answer truthfully:

18.	Have you or has any business you owned or participated in as a director or officer ever been refused a registration, denied authorization in any capacity, withdrawn from an industry and received a lifetime ban, or had any registration, licence, or authorization suspended or revoked by any association, professional or occupational body, any securities commission or any regulatory body of any kind in any jurisdiction other than RECA?	<input type="checkbox"/> yes	<input type="checkbox"/> no
19.	Have you ever been disciplined by any real estate board, real estate association, mortgage broker association, or appraiser association, or any professional or occupational body, or any regulatory body of any kind in any jurisdiction other than RECA?	<input type="checkbox"/> yes	<input type="checkbox"/> no
20.	Are you currently the subject of a suspension, investigation, licensing conditions, statement of claim relating to the business of an industry member or similar process including, but not limited to, conduct, audit, practice review or competence-related proceedings in any jurisdiction other than RECA?	<input type="checkbox"/> yes	<input type="checkbox"/> no
21.	Have you or has any business you owned or participated in as a director or officer ever had any judgments rendered against you or the business?	<input type="checkbox"/> yes	<input type="checkbox"/> no
22.	Have you or has any business you owned or participated in as a director or officer ever been in bankruptcy or ever been the subject of any bankruptcy or receivership proceedings?	<input type="checkbox"/> yes	<input type="checkbox"/> no
23.	Have you ever been found guilty or convicted of any criminal offence or any other offence under any law of any country, province or state, excluding provincial or municipal highway traffic offences?	<input type="checkbox"/> yes	<input type="checkbox"/> no
24.	Have any proceedings pursuant to the Criminal Code of Canada ever been commenced against you?	<input type="checkbox"/> yes	<input type="checkbox"/> no

If you answer YES to any of the above questions an original sworn statement in your own words regarding the event(s) must be forwarded to RECA along with this original application. Copies of all relevant documentation must also be forwarded to RECA unless previously provided. The executive director may require further information be submitted within a specified time and may require verification by affidavit or otherwise of any information submitted then or previously.

D. INFORMATION RESPECTING ELIGIBILITY *Must be completed

Select one:

- I have been registered for at least two years as an associate within the preceding 5 years of the date of this application AND have successfully completed the Alberta broker's pre-licensing course and exam, if applicable (*proceed to Section F*).
- I have requested and received a written exemption from the Real Estate Council of Alberta (*attach a copy and proceed to F*).
- I am currently licensed or eligible for relicensing in another jurisdiction and am applying for licence reciprocity (*complete Section E*).

E. CURRENT/PREVIOUS LICENSING HISTORY *TO BE COMPLETED ONLY BY THOSE INDIVIDUALS APPLYING FOR LICENCE RECIPROCITY

List all current and previous jurisdictions in which you are/were licensed, when you were licensed in each jurisdiction and the class(es) of licence you hold/have held.

Jurisdiction (province/state)	Date Licensed (from/to)	Class of licence

I hereby confirm that I have reviewed and familiarized myself with the applicable *Real Estate Reciprocity Information Materials* or the applicable *Mortgage Brokerage Reciprocity Information Materials*.

Initial here

NOTE: RECA will not consider an application for licence and registration prior to confirmation of an applicant's eligibility for licence reciprocity. Further information on the licence reciprocity process can be found at www.reca.ca.

F. AUTHORIZATION & ACKNOWLEDGEMENT

I authorize the Real Estate Council of Alberta to verify any information pursuant to this application from any source. I acknowledge that I am responsible for any costs incurred for such verification.

In making this application to the Real Estate Council of Alberta, I hereby consent to the Real Estate Council of Alberta's collection, use, and disclosure of my personal information for licensing and other regulatory purposes under the *Real Estate Act* and in accordance with the *Personal Information Protection Act*.

G. SUBSCRIPTION STATEMENT – ERRORS & OMISSIONS INSURANCE *Real estate industry members only

I acknowledge an application for a licence and registration certificate as a real estate broker will require that I subscribe to the Real Estate Insurance Exchange (REIX) and become a party to the REIX Subscription Agreement. I acknowledge that I am aware there are rights and obligations created by this Subscription Agreement, and I agree to be bound by the terms of the Agreement and the Insurance Policy issued by REIX. I appoint my attorney and grant the attorney powers as set out in Appendix A to the REIX Subscription Agreement.

H. RESPONSIBILITIES

I understand and accept the duties and responsibilities of a broker as set out in the *Real Estate Act* and *Real Estate Act Rules*. I am aware I must comply with the *Real Estate Act*, *Real Estate Act Rules*, and laws that apply to an industry member authorized to trade in real estate or deal in mortgages in Alberta.

I hereby acknowledge my obligation to familiarize myself with the laws of Alberta as they apply to the business of an industry member, only engage in work or provide services in which I am authorized and competent to do so, and abide by any restrictions or conditions that may be imposed upon the issuance of a licence, including restrictions related to specific areas of practice or educational requirements addressing practice issues unique to Alberta.

I will immediately notify the executive director in writing of any changes in the information provided to the executive director in support of this licence and registration application that occurs during the application process or after the licence and registration are issued.

I. AFFIDAVIT

Making a false statement on this affidavit may constitute a criminal offence punishable by law, result in the refusal, suspension or cancellation of an authorization and/or be considered conduct deserving of sanction pursuant to the *Real Estate Act* or Rules.

CANADA
PROVINCE OF _____
TO WIT:

AFFIDAVIT
In the Matter of the *Real Estate Act*

I, _____ of the City of _____ in the Province of _____.
(Legal Name)

DO SOLEMNLY SWEAR I have read and understand all questions and statements contained in this application. All responses and information provided by me to RECA in this application are true and accurate.

SWORN BEFORE ME AT THE _____ **OF**
_____ **IN THE PROVINCE OF** _____,

THIS _____ DAY OF _____ A.D., _____
(year)

Broker signature

Commissioner for Oaths/Notary Public/Solicitor Signature

Print name: _____

My appointment expires _____
(print or stamp here)

J. BROKERAGE ACKNOWLEDGEMENT *Complete only if the broker has less than 51% controlling interest (share ownership) in the brokerage legal entity

Name of partner; director or officer; sole proprietor (other than the broker) - <i>please print</i>	Contact information for partner; director or officer; sole proprietor (other than the broker) - <i>phone number/email address</i>
Signature of partner; director or officer; sole proprietor	Date

K. FEES AND PAYMENT

Please indicate method of payment:

<input type="checkbox"/> Brokerage has made payment through RECA Online <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	<input type="checkbox"/> Cheque Cheque Number _____	Amount (<i>Fees for all classes of licences are available at www.reca.ca</i>)
Credit card number	Credit card expiry date	
Name on card	Authorized signature	