

REAL ESTATE PRINCIPAL/ASSOCIATE BROKER LICENSE APPLICATION CHECKLIST (For New, Renewal, and Transfer)

(For information & clarification of Real Estate Laws, visit http://www.guamcourts.org/CompilerofLaws/GCA/21gca/21gc104.PDF 21GCA, Div 3, Article 2)

	1.	Application MUST be typew	ritten. (For new, renewal, and transfe	r).			
	2.	Application MUST be notarized. (For new, renewal, and transfer).					
	3.	Passport Picture (For new, renewal, and transfer).					
	4.	Proof of Guam residency. (For new, renewal, and transfer).					
	5.	Proof of U.S. Citizenship - If Naturalized Citizen, provide proof of Naturalization. (For new, renewal, and transfer).					
	6.	Letter of Appointment from the Corporate President designating the applicant as the Principal Broker of the Corporation. (For new, renewal, and transfer).					
			Real Estate Salesperson 75% or higher on Uniform and State e	xaminations			
	8.	Education Requirement – (For new and renewal).					
		 New Applicant: 1st Renewal: 2nd Renewal: 	30 hours pre-licensing education 90 hours continuing education 32 hours continuing education	on			
	9.	Form I-9 Tax Clearance - Valid for 90 days (For new, renewal, and transfer).					
	10.	Proof of Ownership of Building or Lease Agreement with office address (For new and renewal of principal broker operating as sole proprietor or corporate broker).					
	11.	Proof of Trust Account – Confirmation from the bank or last bank statement showing Corporate Broker name and DBA if it applies and the words "Trust Account". (For new and renewal of principal broker operating as sole proprietor or corporate broker).					
	12.	Police Clearance - Valid for	r 30 days				
	13.	License Terms and Fees: *EXPIRED LICENSE RENEWAL PENALTY – The					
		Original (New) Broker	r: 2-year → \$200.00	renewal of an expired license is			

4-year → \$400.00

→ \$25.00

Renewal Broker:

Transfer:

subject to 50% penalty of the total amount of the license fee.

ORIGINAL APPLICATION FOR LICENSE AS REAL ESTATE BROKER TERRITORY OF GUAM DEPARTMENT OF REYENUE AND TAXATION REAL ESTATE COMMISSION P.O. BOX 2796 AGANA, GUAM 96910

DO NOT	WRITE IN BLANK SPACES BELOW
NUMBER	
EXAM SCORE:	A
	B

	SPACE RESERVED F	DR COMMISSIONER
CHECK BY RECEIPT	FORM	DASSING
DATE GRANTED BY COMMUSZIONER	DATE DEN ED	DATE #:THOMANN
	FORM FOR INDIV	DUAL APOKER
	•	
Send application to the Commissioner's Offic	e at the above address along with	Please make check payable to Treasurer of Guam.
Use this form if the applicant was not a licer	sed broker at the time of the year preceding	g that for which this application is made. EXAMINATIONS MUST BE TAKEN IN TH
YEAR FOR WHICH APPLICATION IS MADE	Section 57.183(a) states. That an appli-	cation may be denied for a material misstatement in the application for license (a)
information furnished to the commission).		
What is your business address?		
ANSWER ALL QUESTIONS AND HAVE ALL	AFFIDAVITS NOTARIZED. Dola	, 19
Application for Real Estate Broker's License	for the year 19 Date of Bi	, 19
(a) YOUR HAME (Type, as point on whill be at name, first	given dank and middle name as initial?	
IN NAME UNDER WHICH YOU WILL DO REAL ESTATE	BUSINESS (Print to type name exectly as will be used to	- Estamanda pr in adal
LET WILL YOU BE THE SOLE OWNER OF YOUR REAL	ESTATE BUSINESS? IF NOT, EXPLAIN IN SEPARATE L	ETTER
2. (a) HOME ADDRESS (Number, street, city, county, state	and ZipCode)	
	· ·	
IN BUSINESS ADDRESS AT WHICH YOU WILL OPERA	TE YOUR BACKER SOFFICE (Number, store), a tr. to-	ore, store and Zia Code?
(2) STATE WERE YOU HAVE LEVED FOR THE PAST	FIVE YEARS, GIVING STREET AND NUMBER CITY ST	AIE
YES NO 3. ARE YOU FAMIL	SAR WITH THE LAW REQUIRING YOU TO MAINTAIN A	TRUST ACCOUNT AND TO AT ALL TIMES REGISTER WITH THE COMMISSIONER THE NAME OF THE BANKI
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		TORY OF GUAM" IF SO, IN WHAT YEARS AND UNDER WHAT NAME?
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13. HAVE YOU BEEN ARRESTED! (Do not include traffic violations where the fine was less than \$25)					
HAVE YOU, OR CORPORATION OF	PARTMERSHIP OF WHICH	YOU ARE OR WERE	AN OFFICER OR PAR	MER, EVER BEEN INVOL	VED IN BANKRUPTCY OR
RECEIVERSHIP PROCEEDINGS?					
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NAM	IE (Print or type)	OCCUPATION	ADDRESS (Numbe	RESS (Number, Street, City, State and Zip Cade)		
						
Give a complete chro	anological record of your occupation	or the last five years up to and including date of filing this of EMPLOYER'S ADDRESS		DATE OF EMPLOYMENT		
KIND OF WGRK	NAME OF EMPLOYER	(Number, Stree	i, City)	FROM (Month, day, year)	TO (Manth, day, year)	
			es			

	OF APPLICANT
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VOL	CHER
1. The following voucher is to be signed by two persons not related to the applicant	who are citizens of the United States of America and owners of real estate in Guam
erritory of Guam	
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FORM I-9

TAX CLEARANCE APPLICATION FORM

Name:					
Doing Business As (DBA	A) Name (if any):				
SSN:		EIN:			
GRT Account Number:		Nev	w Renewal		
Type of License Applied	l:				
Office Address:					
Business Mailing Addre	ess:				
Email Address:					
Contact Number (Land	line):	Cellular:			
		Applicant Name (Print Name)			
		Authorized Signature			
Do	NOT Write Below Th	nis Line – For Official Use O	nly		
		Fax Clearance for issuance			
(1) GENERAL <u>LICENSING</u> ***	(2) <u>BPT/GRT</u>	(3) <u>INCOME TAX</u>	(4) <u>COLLECTIONS</u>		
Cleared By:	Cleared By:	Cleared By: Date:	Cleared By: Date:		

***for corporations and LLCs only

MMRR - Rev: 02/2021