

MONTANA BOARD OF REALTY REGULATION**301 SOUTH PARK AVENUE, 4TH FLOOR****PO BOX 200513****HELENA MT 59620-0513****PHONE: 406-841-2302****EMAIL: DLIBSDLicensingUnitB@mt.gov WEBSITE: www.realestate.mt.gov****PROCEDURES FOR APPLICATIONS FOR WAIVER OF EDUCATION
AND/ OR****EXPERIENCE WAIVER FOR A SALESPERSON OR BROKER LICENSE**

**** FAXED OR E-MAILED APPLICATIONS WILL NOT BE PROCESSED AS ORIGINAL SIGNATURE REQUIRED. E-check and Credit Card Information cannot be used as payment if completing a paper copy. Please go to www.ebiz.mt.gov/pol to complete an online application and use a credit card or e-check.****

REQUIREMENTS: FEE- \$87.50

- An application may be submitted to determine if an applicant has an active license in another state or jurisdiction with licensing standards substantially equivalent to Montana's requirements. The Board may approve to waive all or part of the required pre-licensing education and/or examination.
- Applications for determination of waiver of education and/or experience shall be made on forms approved by the board and must include adequate recent experience as required in 24.210.611 ARM. This requires all current brokers attempting to obtain a Montana Broker license to meet recent licensed activity levels.
- Mortgage brokering is not considered real estate licensed activity in Montana.
- Transactions as an employee or personal transactions do not count toward meeting activity requirements.

PROCESSING PROCEDURES:

- Upon completion of all of the requirements for licensure, an application for a Real Estate Broker or Salesperson license must be submitted with all fees and supporting documentation.

Please order an original certified license history from any jurisdiction in which a current or previous license has been issued for you. This is not required for your waiver application request, but is required with your license application and can take up to 8 weeks to obtain. Please order early.

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Application is hereby made for waiver of the examination requirement in granting a license based on licensure statute in another jurisdiction as found in 37-1-304, MCA.

COMPLETE THIS APPLICATION ONLINE AT [WWW.EBIZ.MT.GOV/ POL](http://WWW.EBIZ.MT.GOV/POL)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Current Licensing Jurisdiction(s): _____

Date Sales License Received: _____

Date Brokers License Received: _____

Type of License Applying For (i.e. sales, broker, etc.): _____

If you are applying for a Broker license and this waiver is denied would you accept a waiver to obtain a salesperson license? YES ☐ NO ☐

HAS A PROFESSIONAL OR OCCUPATIONAL LICENSE EVER BEEN DENIED TO YOU? YES ☐ NO ☐
 If yes, attach full details, including where, when and circumstances.

Current Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

JURISDICTION QUALIFICATIONS: This section is intended to determine the requirements of the licensing jurisdiction.

EDUCATION: HIGH SCHOOL COMPLETION REQUIRED? YES ☐ NO ☐

If no, is there any required education level? YES ☐ NO ☐

POST-SECONDARY EDUCATION REQUIRED? YES ☐ NO ☐

If yes, what level of completion is required? _____

NUMBER OF HOURS OF PRE-LICENSING EDUCATION REQUIRED FOR SALES LICENSE? _____

NUMBER OF ADDITIONAL HOURS OF PRE-LICENSING EDUCATION REQUIRED FOR BROKER LICENSE? _____

ACTIVITY: DOES YOUR CURRENT LICENSING JURISDICTION HAVE YES ☐ NO ☐

MINIMUM ACTIVITY REQUIREMENTS (listings and sales)
 TO QUALIFY FOR A BROKER LICENSE?

If Yes, what are they?

Click here to enter text.

PERSONAL
ACTIVITY:

WHAT IS THE HIGHEST LEVEL OF FORMAL EDUCATION _____
YOU HAVE COMPLETED?

EXPLAIN THE NATURE OF YOUR REAL ESTATE ACTIVITY:

[Click here to enter text.](#)

APPROXIMATE NUMBER OF REAL ESTATE TRANSACTIONS YOU HAVE COMPLETED _____
FOR THE PRECEDING THREE (3) YEARS (Please also complete the attached Transactions Form)

ASSOCIATIONS &
SOCIETIES:

LIST ALL PROFESSIONAL OR OCCUPATIONAL LICENSES HELD:

[Click here to enter text.](#)

LIST ALL MEMBERSHIPS IN PROFESSIONAL OR OCCUPATIONAL SOCIETIES OR
ASSOCIATIONS:

[Click here to enter text.](#)

PROFESSIONAL LICENSES: List all professional licenses you hold or ever have held. License verification must be sent directly to Montana from each state/ province/ territory.

State	License #	License Type	Issue Date	Expiration Date	License Method	Requested State Verification
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

DISCIPLINARY QUESTIONS: Please read carefully and answer questions completely and truthfully, it may affect your licensure.

Have you ever had an application for a professional or occupational license refused YES ☐ NO ☐
or denied? If yes, please attach a detailed explanation and provide supporting
documentation from the source.

Have you ever withdrawn an application for licensure prior to the licensing agency's YES ☐ NO ☐
decision regarding your application? If yes, please attach a detailed explanation and
provide supporting documentation from the source.

Has a licensing agency initiated or completed disciplinary action against any YES ☐ NO ☐
professional or occupational license you have held? If yes, please provide agency
documents, orders, final orders, stipulations and consent and/or settlement
agreements directly from the source.

Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a YES ☐ NO ☐
professional or occupational license in anticipation of or during an investigation or
disciplinary proceedings or action? If yes, please attach a detailed explanation from
the source.

Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. YES ☐ NO ☐

Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. YES ☐ NO ☐

Do you have any criminal charges pending or have you ever pled guilty, forfeited bond, or been convicted of a crime (whether or not sentence was suspended or deferred), or have you pled no contest or had prosecution deferred whether or not an appeal is pending? If yes, attach a detailed explanation and documentation from the source. You must report but may omit documentation for: (1) misdemeanor traffic violations resulting in fines of less than \$100; and (2) charges or convictions prior to your 18th birthday unless you were tried as an adult. YES ☐ NO ☐

Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. YES ☐ NO ☐

Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. YES ☐ NO ☐

Have you ever been court-martialed or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source. YES ☐ NO ☐

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana licensing program. YES ☐ NO ☐

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

I hereby declare that if a Montana Real Estate Salesperson's license is issued to me, I agree to conduct my Montana real estate business in accordance with the laws of Montana and the rules of the Board of Realty Regulation.

Legal Signature of Applicant

Dated

TRANSACTIONS: RESIDENTIAL - The following must be provided by the Supervising Broker. Make copies of this form as needed.

Please refer to ARM 24.210.611, for additional clarifications to obtain a broker license.

- TRANSACTIONS MUST HAVE CLOSED WITHIN THE PAST THIRTY-SIX (36) MONTHS
- LICENSEE MUST HAVE OBTAINED AND WORKED WITH THE BUYER OR SELLER OR BOTH (COUNTS AS TWO TRANSACTIONS, IF BOTH)
- CO-LISTINGS AND TEAM TRANSACTIONS ARE GIVEN 1/2 CREDIT
- TRANSACTIONS OF THE APPLICANT AS AN EMPLOYEE, TRANSACTIONS IN WHICH THE APPLICANT IS A PRINCIPAL, AND MORTGAGE BROKER ACTIVITIES CAN NOT BE USED TO QUALIFY FOR A BROKER LICENSE
- A MAXIMUM OF FIVE (5) RESIDENTIAL LEASES ARE ELIGIBLE TO BE COUNTED AS CLOSED TRANSACTIONS
- FORM MUST BE COMPLETE AND BE TYPED OR PRINTED AND LEGIBLE
- IF MULTIPLE TRANSACTIONS FOR THE SAME SELLER OR BUYER, PLEASE EXPLAIN AND INDICATE ANY OWNERSHIP INTEREST OF APPLICANT

1. BUYERS NAME 2. SELLERS NAME	PROPERTY ADDRESS	1. COMPANY/ AGENT FOR BUYER 2. COMPANY/ AGENT FOR SELLER	CLOSING DATE

Broker Signature: _____

Date: _____

TRANSACTIONS: COMMERCIAL/ AGRICULTURAL/ FARM & RANCH - The following must be provided by the Supervising Broker. Make copies of this form as needed.

Please refer to ARM 24.210.611, for additional clarifications to obtain a broker license.

- TRANSACTIONS MUST HAVE CLOSED WITHIN THE PAST THIRTY-SIX (36) MONTHS
- LICENSEE MUST HAVE OBTAINED AND WORKED WITH THE BUYER OR SELLER OR BOTH (COUNTS AS TWO TRANSACTIONS, IF BOTH)
- CO-LISTINGS AND TEAM TRANSACTIONS ARE GIVEN 1/2 CREDIT
- A MAXIMUM OF FIVE (5) COMMERCIAL LEASES ARE ELIGIBLE TO BE COUNTED AS CLOSED TRANSACTIONS
- AGRICULTURAL/ FARM & RANCH MUST BE A MINIMUM OF 30 ACRES TO QUALIFY
- TRANSACTIONS OF THE APPLICANT AS AN EMPLOYEE, TRANSACTIONS IN WHICH THE APPLICANT IS A PRINCIPAL, AND MORTGAGE BROKER ACTIVITIES CAN NOT BE USED TO QUALIFY FOR A BROKER LICENSE
- FORM MUST BE COMPLETE AND BE TYPED OR PRINTED AND LEGIBLE
- IF MULTIPLE TRANSACTIONS FOR THE SAME SELLER OR BUYER, PLEASE EXPLAIN AND INDICATE ANY OWNERSHIP INTEREST OF APPLICANT

3. BUYERS NAME 4. SELLERS NAME	PROPERTY ADDRESS	3. COMPANY/ AGENT FOR BUYER 4. COMPANY/ AGENT FOR SELLER	CLOSING DATE

Broker Signature: _____

Date: _____

Please refer to ARM 24.210.611, for additional clarifications to obtain a broker license.

- [illegible]

Broker Signature: _____ Date: _____

EDUCATION POINTS: Must provide a copy of diploma, transcripts or course completion certificates

- THREE POINTS FOR AN ASSOCIATE DEGREE IN REAL ESTATE;
- THREE POINTS FOR CERTIFIED COMMERCIAL INVESTMENT MEMBER (CCIM) OR COUNCIL OF REAL ESTATE BROKER MANAGERS (CRB);
- FIVE POINTS FOR A BACHELOR DEGREE OR HIGHER IN BUSINESS MANAGEMENT;
- FIVE POINTS FOR A BACHELOR DEGREE OR HIGHER IN REAL ESTATE;
- FIVE POINTS FOR A LAW DEGREE.

SCHOOL	LOCATION	DEGREE	GRADUATION DATE	POINTS (for office use)

Applicant Signature: _____

Date: _____

SUPERVISION POINTS: Points are obtained through supervision of real estate activity for any broker who has supervised real estate activity a minimum of 36 months.

1. One point for each year of real estate brokerage supervisory experience, maximum of three points.

DATES	LOCATION/JURISDICTION	POINTS (for office use)

SUPERVISION POINTS (CONTINUED):

2. One point for each licensed real estate full time equivalent (FTE) supervised within the last 36 months, maximum of ten points.

LICENSE NO. OF SUPERVISED AGENT	DATES SUPERVISED	LOCATION	POINTS (for office use)

Applicant Signature: _____

Date: _____

3. One point for every five transactions supervised in the last 36 months, maximum of 15 points.

[illegible]

Date: _____

EDUCATOR POINTS: Points are obtained by being an approved real estate educator in a jurisdiction; One point for each instructor day (minimum of six hours) within the past 36 months, maximum of ten points. You must provide proof of course approval number and instructor approval number.

COURSE NAME AND LOCATION	COURSE # AND INSTRUCTOR #	JURISDICTION APPROVED IN	DATE OF COURSE AND HOURS	POINTS (for office use)

Applicant Signature: _____

Date: _____