



REQUEST FOR BROKER APPLICANT HARDSHIP HEARING

A broker applicant who has not first served actively for two years as a licensed salesperson or broker may, upon special application and hearing before the commission, provide satisfactory evidence of hardship due to an existing brokerage being unable to retain the services of a licensee to act as its designated broker who has the two years' experience required in this subsection.

Please provide the following information to submit the Request for Broker Applicant Hardship Hearing. Upon receipt and review, the Commission will contact you to set up the time and date for the Hearing.

1. Applicant's Full Name: _____
Last First Middle Suffix
2. Applicant's Address: _____
Street City State Zip
3. Applicant's Daytime Phone Number: _____
4. Individual's Email Address: _____
5. Briefly describe the reason you are requesting the hardship hearing: _____

6. Please attach satisfactory evidence of hardship due to an existing brokerage being unable to retain the services of a licensee to act as its designated broker who has the two years' experience required in this subsection

I certify all information submitted on this form and any attachments to be true and accurate. I understand that providing false information on this form or any attachments may result in imposition of administrative penalties and/or sanctions, including denial or revocation of the license.

Date Signed _____ Signature of Applicant _____