RENEWAL FEE MUST ACCOMPANY THIS APPLICATION. MAKE ALL CHECKS OR MONEY ORDERS PAYABLE TO THE NEBRASKA REAL ESTATE COMMISSION

RENEWAL OF REAL ESTATE LICENSE
NEBRASKA REAL ESTATE COMMISSION

1200 'N' STREET, SUITE 402
P. O. BOX 94667
LINCOLN, NEBRASKA 68509-4667
(402)471-2004 PHONE (402)471-4492 FAX

DUE ON OR BEFORE NOVEMBER 30, 2011

BROKER-2 YEARS

2012 Fee $260.00

$30.00 processing fee charged for all returned payments

FOR OFFICE USE ONLY.
CARD NO.
DATE ISSUED

License No:
Profession Code:

IDENTIFICATION NO.
NAME AND BUSINESS ADDRESS

Instructions: Please answer all questions fully and, if necessary, correct any pre-printed information on this application.

1. My Principal Business is:_____ in activities which require a real estate license.
_____ Other (specify) _____

2. (a) My License is on INACTIVE STATUS _____.
(b) My License is on ACTIVE STATUS _____, and (Check only one of the following)
____I am an ASSOCIATE BROKER of another Broker OR,____I operate as an INDIVIDUAL BROKER OR,
____I operate under a TRADE NAME OR,____I operate as a PARTNERSHIP OR,____I operate as a CORPORATION OR,____I operate as a LIMITED LIABILITY COMPANY, And AFFIRM that I maintain a REAL ESTATE TRUST ACCOUNT(S)in Nebraska and operate under the Business Name indicated below.

3. Please complete as applicable, either A, B, C or D below.

(A) TRADE NAME DATA

If you operate under a Trade Name, list the Trade Name below.

_____

(B) PARTNERSHIP DATA

If you operate as a PARTNERSHIP, list all Partners and their residence addresses:

_____
Partner — Residence Address

_____
Partner — Residence Address

_____
Partner — Residence Address

PARTNERSHIP NAME_____

(C) CORPORATION DATA

If you operate as a CORPORATION, list all Officers and their residence addresses:

_____
President — Residence Address

_____
Vice President — Residence Address

_____
Secretary — Residence Address

_____
Treasurer — Residence Address

_____
Other — Residence Address

CORPORATION NAME _____

(D) LIMITED LIABILITY COMPANY DATA

If you operate as a LIMITED LIABILITY COMPANY and if the members have reserved any management rights, please list all members and their residence addresses. Otherwise list manager(s) and their residence addresses. Use separate sheet, if needed, and attach.

_____
Residence Address

_____
Residence Address

_____
Residence Address

_____
Residence Address

Limited Liability Company Name _____

License No:

(OVER)

4. Has your application for any occupational or professional license been rejected in this country or any other country or any political subdivision i.e. state, province, city, etc. or has any license issued to you been suspended or revoked since your last application?

NO___ YES ___

(If yes, please report in full on separate sheet.)

5. In addition to Nebraska, I am licensed in the following Jurisdictions: (If none, please leave blank.)

ACTIVE: _____

INACTIVE: _____

6. **If your answer to any of the following questions is YES, you must include on a separate sheet of paper:** the names and last known addresses of all claimants, persons against whom claims were filed, and other parties involved; the name of the errors and omissions insurance carrier(s) for each licensee named; the location of the court, agency, or other entity with which such claim was filed (if applicable); the date such claim was filed and the caption and case number assigned to such claim; the nature of the claim and a brief statement of all significant facts and details.

YOU MUST ANSWER EACH QUESTION, A-C. (Answer A-C for yourself and/or the firm.)

(A) Have there been any claims made against you or your errors and omissions insurance carrier for errors and omissions committed by you in the conduct of real estate activities since your last application? NO____ YES ____

(B) Have any claims against you or your errors and omissions insurance carrier for errors and omissions arising from your real estate activities been settled since your last application?

NO____ YES ____N/A____

(C) Have any judgment been rendered against you by any court or agency for any claims filed against you or your errors and omissions insurance carrier for errors and omissions arising from your real estate activities since your last application?

NO____ YES ____N/A____

7. **If your answer to any of the following questions is YES, you must include:** the names of all parties involved, the court, location, date filed, nature of the suit and a brief statement of all significant details on a separate sheet. In supplying the following information, **DO NOT INCLUDE** Small Claims Court Cases, Domestic Relations Court Cases, Automobile Accident Court Cases, or Traffic Court Cases. **DO NOT INCLUDE MATTERS REPORTED IN THE PREVIOUS QUESTION REGARDING ERRORS AND OMISSIONS CLAIMS.**

YOU MUST ANSWER BOTH A AND B. (Answer A and B for yourself and/or the firm.)

(A) Have you been involved in any lawsuits, either as a Plaintiff or Defendant, not previously disclosed to the Commission in a previous license application or license renewal?

NO____ YES ____

(B) Have judgment been rendered against you in any lawsuits since your last application?

NO____ YES ____

8. **If your answer to any of the following questions is YES, you must include:** the court, location, date filed, charge, disposition, and a brief statement of all significant details on a separate sheet.

YOU MUST ANSWER BOTH A AND B. (Answer A and B for yourself and/or the firm.)

(A) Have you been convicted of any misdemeanor or felony offenses, since your last application?

NO____ YES ____

(B) Are there any criminal charges, pending against you at the present time?

NO____ YES ____

ERRORS AND OMISSIONS INSURANCE INFORMATION

I am Renewing on ACTIVE STATUS and have: (Check only ONE of the following.)

1. ____ Made application for Errors and Omissions Insurance under the **Nebraska Commission-offered Plan.**
2. ____ Already filed with the Commission Proof of Equivalent Coverage extending into 2012.
3. ____ Attached Proof of Equivalent Coverage for 2012.
4. ____ Arranged to have Proof of Equivalent Coverage for 2012 submitted directly from the issuer.
5. _____ I am requesting to be renewed on INACTIVE STATUS, I will not be acquiring the Errors and Omissions Insurance at this time.

CONTINUING EDUCATION REQUIREMENT

NON-RESIDENT LICENSEES who affirm that they have satisfactorily completed their continuing education requirement in their jurisdiction of residence do NOT need to submit education certificates to the Nebraska Real Estate Commission. Please answer the following:

I____have ___have not satisfied my current continuing education requirement for my real estate license in my jurisdiction of residence.

ALL OTHER LICENSEES must attach their continuing Education Certificates unless submitted previously.

The foregoing statements are made for the purpose of renewing a Nebraska Real Estate Broker's License and I hereby consent that these statements may be used as evidence by the Real Estate Commission of the State of Nebraska, or in any court in Nebraska where a violation of the said Real Estate Law is claimed, and that the application and the statements herein made to said Real Estate Commission may, at any time, be used in evidence.

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

_____I am a citizen of the United States OR

_____I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Print Name (first, middle, last)	SIGNATURE	DATE

Telephone Numbers: ( ) _____ ( ) _____ ( ) _____

Business Cell Residence

CREDIT CARD PAYMENT OPTION: REMINDER - FEES ARE NOT REFUNDABLE

____Please charge my credit card for only this transaction.

____Visa ____MasterCard ____Discover

Credit Card Number: _____

Card Expiration Date: Month ____ Year _____

Cardmember's Signature: _____

_____
Social Security Number

_____
Email Address

RENEWAL APPLICATION AND FEES WILL BE RETURNED IF ALL REQUESTED INFORMATION IS NOT SUPPLIED AND/OR THIS APPLICATION IS NOT SIGNED BY THE APPLICANT.

License No: