

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

**ANNUAL 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, 2010

BROKER

2011 Fee \$115.00

\$30.00 processing fee charged for all returned payments

FOR OFFICE USE ONLY.
CARD NO.
DATE ISSUED

License No:

Profession Code:

EMPLOYER IDENTIFICATION NO.
EMPLOYER:
BUSINESS NAME:

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. 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.)
3. In addition to Nebraska, I am licensed in the following Jurisdictions:
(If none, please leave blank.)
ACTIVE: _____
INACTIVE: _____
4. 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 only, NOT for 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 judgements 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 ___
5. 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 only, NOT for 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 Judgements been rendered against you in any lawsuits since your last application?
No ___ Yes ___

(OVER)

6. 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.

(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 2011.
3. ___ Attached Proof of Equivalent Coverage for 2011.
4. ___ Arranged to have Proof of Equivalent Coverage for 2011 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 from the following jurisdictions: AE, AL, AR, CT, GA, IA, IN, MA, MS, NC, ND, OH, OK, OR, AND SD affirm the following: "The Continuing Education Requirement of my resident jurisdiction, one of those listed above, is current."

ALL OTHER LICENSEES must attach their Continuing Education Certificates if "NEED CONTINUING EDUCATION" is indicated on the front of this application 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.