

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

**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

APPLICATION  
FOR ANNUAL RENEWAL OF REAL ESTATE LICENSE  
DUE ON OR BEFORE NOVEMBER 30, 2010

**BRANCH**

2011 Fee \$50.00

\$30.00 processing fee charged for all returned payments

FOR OFFICE USE ONLY.

CARD NO.

DATE ISSUED

License No:

Profession Code:

BRANCH IDENTIFICATION NO.  
NAME AND ADDRESS OF BRANCH

MAIN OFFICE IDENTIFICATION NO.  
NAME AND ADDRESS OF MAIN OFFICE

Branch Office Phone Number: \_\_\_\_\_

Instructions: Please answer all questions fully and, if necessary, correct any pre-printed information on this application. Branch will not be renewed until both designated broker and the branch managing broker have renewed their broker license.

1. (a) Name and residence address of broker manager of branch office.

Identification Number of broker manager: \_\_\_\_\_

(b) \_\_\_\_\_ I manage this branch, myself.

2. (a) \_\_\_\_\_ The branch office maintains a trust account.

(b) \_\_\_\_\_ The trust account for the branch office is maintained by the main office.

By signing this application, I certify that all information and documentation provided is true and correct.

\_\_\_\_\_  
Signature of designated broker of main office

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: \_\_\_\_\_

(OVER)

