



Is the office address, as stated, your principal place of business? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, or if you have any branch offices, please indicate and give addresses: \_\_\_\_\_  
\_\_\_\_\_

Are you now employed or engaged in any other business or profession? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you hold, or have ever held, a real estate license in any other state? Yes \_\_\_\_\_ State \_\_\_\_\_ No \_\_\_\_\_

Have you ever had any disciplinary actions taken by the Florida Real Estate Commission or any other state regulatory or licensing agency? If so, please describe \_\_\_\_\_

Has your real estate license, in this or any other state, been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, specify the place(s) and date(s) of such action, and detail the circumstances. \_\_\_\_\_  
| \_\_\_\_\_

First entered the real estate business \_\_\_\_\_, 19\_\_\_\_\_, at \_\_\_\_\_

Have you been engaged continuously in the business since then? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, during what years were you in the business? \_\_\_\_\_

Current or previous REALTOR® organization membership: Where/Dates \_\_\_\_\_

Have you ever been refused membership or had your membership suspended or terminated in any other real estate association/board? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, state basis for each action and detail the circumstances. \_\_\_\_\_

Circle highest level of education completed: High School College - 2 yrs/4 yrs Grad. Degree \_\_\_\_\_

Date Originally Licensed \_\_\_\_\_ First licensed in this State 19\_\_\_\_\_, and continuously licensed since 19\_\_\_\_\_

Established in present location 19\_\_\_\_ Previous Locations \_\_\_\_\_

In what other business have you been engaged? \_\_\_\_\_

Resident here since \_\_\_\_\_, 19\_\_\_\_\_. Previous Residence \_\_\_\_\_  
(City and State)

Are you or is any real estate firm in which you are a sole proprietor, general partner or corporate officer involved in any pending bankruptcy or insolvency proceedings or have you or any real estate firm in which you are a sole proprietor, general partner or corporate officer been adjudged bankrupt in the past three (3) years? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, specify the place(s) and date(s) of such action and detail the circumstances \_\_\_\_\_

In a Corporation or partnership, please list all officers of the corporation giving the status of their broker's licenses (active or non-active) or name of partner, and the names of any stockholders.

NAME	POSITION	ACTIVE	LICENSE	
			LICENSE	NON-ACTIVE

List all other Corporations for which you are licensed as an Active Broker in the State of Florida.

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State names of any salesmen now associated with you.

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Have you ever done any public speaking; on what subjects and would you still be available? \_\_\_\_\_

Main area(s) of specialization: **(Please prioritize; add your specialty if not listed)**

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_____ Industrial leasing/sales	_____ Multi-Family less than 100 units	_____ Consulting
_____ Office leasing/sales	_____ Multi-Family more than 100 units	_____ Developer/Contractor
_____ Retail leasing/sales	_____ Land	_____ Appraiser
_____ Hotel/Motel sales	_____ Property/Asset Mgmnt	_____ Other _____

Commercial Investment courses/education background \_\_\_\_\_

Other Commercial Investment organizations/trade groups/government, community, civic groups, etc.:

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Suggested education/programs/activities that would be of interest to you: \_\_\_\_\_

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Why would you like to be a member of this organization? \_\_\_\_\_

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Please indicate below if you would be interested in serving on any of the following Society committees:

_____ Grievance	_____ Education/PR & Marketing
_____ Professional Standards	_____ Government Affairs
_____ Membership/Member Services	_____ Rules & Bylaws

You are authorized to ask the following members of this Society/Association who know me:

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(NAME)

(ADDRESS)

(PHONE)

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(NAME)

(ADDRESS)

(PHONE)

Personal References (2):

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