



# Division of Licensing Services

New York State  
Department of State  
Division of Licensing Services  
Bureau of Educational Standards  
P.O. Box 22001  
Albany, NY 12201-2001  
(518) 486-3803  
www.dos.ny.gov

## Real Estate 30 Hour Supplemental Course Approval Renewal Application

**PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.**

» There is no fee for this application.

» Annual registration period runs from September 1<sup>st</sup> to August 31<sup>st</sup>.

1. PLEASE INDICATE THE COURSE CODE NUMBER: R- \_\_\_\_\_

CLASSROOM

DISTANCE LEARNING (INTERNET/COMPUTER BASED)

BOTH

2. EDUCATIONAL ORGANIZATION DATA

SCHOOL NAME

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION)

CITY

STATE

ZIP+4

COUNTY

E-MAIL ADDRESS (IF ANY)

3. CLASSROOM COURSES ONLY

PRIMARY CLASSROOM COURSE LOCATION

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY

STATE

ZIP+4

COUNTY

4. CLASSROOM COURSES ONLY

SECONDARY CLASSROOM LOCATIONS

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY

STATE

ZIP+4

COUNTY

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY

STATE

ZIP+4

COUNTY

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY

STATE

ZIP+4

COUNTY

5. DISTANCE LEARNING EXAM LOCATIONS ONLY (MUST BE NEW YORK STATE LOCATION)

PRIMARY EXAM LOCATION

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY

STATE

ZIP+4

COUNTY

# Real Estate 30 Hour Supplemental Course Approval Renewal Application

## 6. DISTANCE LEARNING EXAM LOCATIONS ONLY (MUST BE NEW YORK STATE LOCATIONS)

### SECONDARY EXAM LOCATIONS

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY STATE ZIP+4 COUNTY

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY STATE ZIP+4 COUNTY

LOCATION ADDRESS (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION)

CITY STATE ZIP+4 COUNTY

## 7. Is any change being made or is any change contemplated in the presentation of this course in the forthcoming year relative to the study material or procedures for taking attendance?

**Yes\***      **No**      **If Yes\*, attach explanation of change.**

## 8. Has or will there be a change in any final examination?

**Yes\***      **No**      **If Yes\*, attach the final examination, answer key, reference source and page and subject matter category.**

## 9. Indicate names and signatures of persons authorized to sign course completion certificates. (Cannot be a real estate licensee or licensed/certified appraiser.)

PRINT NAME

SIGNATURE OF COORDINATOR

SIGNATURE

(      )  
BUSINESS PHONE NUMBER

PRINT NAME

E-MAIL ADDRESS (if any)

SIGNATURE

DATE