



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 Qualifying Course Approval Application

PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.

- » All applications must be submitted **60 DAYS BEFORE** the proposed course is to be conducted.
- » The non-refundable fee of **\$300** must accompany this original, signed application (photocopies will not be accepted). Fees may be paid by check or money order (made payable to the Department of State) or by MasterCard or Visa, using a credit card authorization form. Do not send cash.
- » A non-refundable fee of **\$150** must be submitted for each additional location.
- » A fee of \$20 will be charged for any check returned by the bank for insufficient funds.
- » Annual registration period runs from September 1st to August 31st.
- » **Attach to application: the final examination(s) with answer key, reference page for each question and where the question falls in the curriculum. If offering the brokers course, provide a two hour detailed outline with time sequence for the Local Concerns section of the broker course.** Distance learning courses require additional information as indicated in section 176.24.

1. PLEASE INDICATE THE TYPE OF COURSE

SALESPERSON BROKER 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) _____

COORDINATOR'S NAME (person authorized to submit application on behalf of entity and responsible for administering Department of State regulations) _____ TELEPHONE _____
()

DOES THIS INDIVIDUAL HOLD A NEW YORK STATE REAL ESTATE LICENSE? YES NO

HOME ADDRESS (NUMBER AND STREET) _____ TELEPHONE _____

CITY _____ STATE _____ ZIP+4 _____

3. CLASSROOM COURSES ONLY PRIMARY COURSE LOCATION

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

CITY _____ STATE _____ ZIP+4 _____ COUNTY _____

4. CLASSROOM COURSES ONLY SECONDARY LOCATIONS (Each location requires an additional fee of \$150)

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 _____

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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

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. TYPE OF EDUCATIONAL ORGANIZATION OWNERSHIP

Is this organization an accredited College or University? Yes No* If No*, Please complete one of the following:

INDIVIDUAL: (Please submit a certified copy of the Trade Name Certificate and complete the following for Owner.)

NAME

HOME ADDRESS (NUMBER AND STREET)

CITY

STATE

ZIP+4

PARTNERSHIP: (Please submit a copy of Partnership Agreement and complete the following for all Partners.)

NAME

HOME ADDRESS (NUMBER AND STREET)

CITY

STATE

ZIP+4

NAME

HOME ADDRESS (NUMBER AND STREET)

CITY

STATE

ZIP+4

CORPORATION: (Please submit a copy of the Certificate of Incorporation and complete the following for all officers and other individuals who own 5% or more of the stock of this corporation. If needed, attach additional sheets.)

NAME

HOME ADDRESS (NUMBER AND STREET)

CITY

STATE

ZIP+4

NAME

HOME ADDRESS (NUMBER AND STREET)

CITY

STATE

ZIP+4

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8. Has any owner, partner, owner of 5% or more of the stock of the entity, or individual authorized to submit this application on behalf of the entity been convicted of any crime or offense, other than a minor traffic violation?
- Yes* No If Yes*, submit a certified copy of each conviction.**
9. Has any license or permit issued to, applied for by any owner, partner, holder of 5% or more of the stock of the entity, or individual authorized to submit this application on behalf of the entity, been denied, suspended or revoked by this state or elsewhere by any other governmental or regulatory body?
- Yes* No If Yes*, please provide details.**

Course Instructors: All instructors of approved courses must be approved with the Department of State. Applications for real estate instructor approval are available by request to the Division of Licensing Services, Bureau of Educational Standards. A one time evaluation and filing fee of \$25 is required for each instructor's approval.

10. COURSE CONTENT - ALL OF THE FOLLOWING MUST BE SUBMITTED:

a detailed course outline for Local Concerns when applying for the broker course approval. (See Section 11 of broker curriculum.)

the final examination to be presented for the course, including the answer key, the reference source and reference page for each question and subject matter category.

the passing grade for the examination _____%.

a description of materials that will be distributed.

the books that will be utilized in the course and final examination.

list of names and signatures of individuals authorized to sign certificates (cannot be a real estate licensee or licensed/certified appraiser).

a fee of \$300 for the salesperson and/or broker course and \$150 for each additional location.

additional documentation required for distance learning courses (section 176.24).

I subscribe and affirm under the penalties of perjury that the statements made in this application (including statements made in any accompanying papers) have been examined by me, and to the best of my knowledge and belief, are true and correct.

I understand that any misstatement made on this application for approval could result in an immediate revocation or withdrawal of the recognition of the approval of the entity by the Department of State.

Coordinator Signature

X _____

Date _____