**STATE OF CONNECTICUT**
**DEPARTMENT OF CONSUMER PROTECTION**
License Services Division
165 Capitol Avenue
Hartford, CT 06106
Email: dcp.licenseservices@ct.gov
Web site: www.ct.gov/dcp

# Reinstatement Instructions for Real Estate Broker Legal Entity

## Expired March 31, 2016

- A real estate broker legal entity license may be reinstated provided a completed reinstatement form and all applicable fees are submitted **not later than two years after the date of expiration of the license.**

- Reinstatement of a broker's legal entity license will only be accepted if all applicable fees are paid to bring the license to the current year and required continuing education is complete. Any such reinstated license shall expire on the next succeeding March 31st.

### Reinstatement Fees:

- A total reinstatement fee of **$420.50** must accompany the completed reinstatement application. Checks or money orders should be made payable to "Treasurer, State of Connecticut."

### Continuing Education:

- You must have completed your required Continuing Education Courses in accordance with Connecticut General Statutes, Section 20-319 to be eligible for reinstatement.

### Reciprocal Licensees:

- Reciprocal licensees must include a copy of their current license, in the name of the Legal Entity, from the reciprocal licensing authority.

### Legal Entities:

- Please note, all corporations, limited liability companies, partnerships or limited partnerships must complete the Real Estate Broker Legal Entity Reinstatement Form.

Questions regarding reinstatement of your license can be emailed to dcp.licenseservices@ct.gov

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**STATE OF CONNECTICUT**
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Real Estate Unit
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# Real Estate Broker Continuing Education Requirements for 2014 - 2016

In accordance with Connecticut General Statutes, Section 20-319, Continuing Education is due on even-numbered renewal years to be eligible for reinstatement.

## Continuing Education Options:

- Complete 12-hours of Continuing Education courses at an approved school (online courses are available). The courses shall consist of the following:

  1. Three hours of "Connecticut Real Estate Legal Review and Update" (mandatory course)
  2. Nine hours of real estate elective courses

  A list of schools can be located on our web site at **www.ct.gov/dcp**

or

- Pass the Connecticut Continuing Education Examination. To take the exam, contact PSI Examination Services at www.psiexams.com or 1-800-733-9267 to schedule an exam appointment.

If you passed the Connecticut Broker licensing examination between April 1, 2014 and March 31, 2016, you do not need to take continuing education courses. Your PSI Examination score reports will reflect the examination passing date.

Questions regarding continuing education can be emailed to **dcp.realestate@ct.gov**

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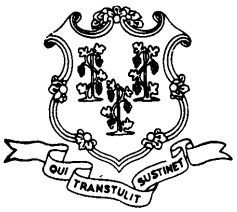


For Official Use Only

# Real Estate Broker Legal Entity Reinstatement Form

## Legal Entity Information

| Name of Legal Entity | | | | **CT REB License Number** | |
|---|---|---|---|---|---|
| Street Address | | City | | State | Zip Code |
| Telephone Number | FEIN | Email Address | | | |

Is your Legal Entity current with the Connecticut Secretary of the State's Office? ☐ Yes ☐ No If yes, attach relevant documents.

Has the designated broker changed since your last renewal? ☐ Yes ☐ No

Will you be engaging under a trade name (not applicable for out of state entities)? ☐ Yes ☐ No

If yes, indicate trade name: _____

Pursuant to Connecticut General Statutes, Section 20-314, does one or more real estate brokers own or control 51% or more of the shares of the above-mentioned legal entity? ☐ Yes ☐ No

Have you, any officers or members been convicted of a felony crime since the date of your last renewal? ☐ Yes ☐ No
If yes, attach an explanation.

Have you, any officers or members been convicted of a crime related to forgery, embezzlement, obtaining money under false pretenses, extortion, criminal conspiracy to defraud, or any like offenses since your last renewal? ☐ Yes ☐ No
If yes, attach a statement of explanation.

Have you, any officers or members ever had a real estate license refused, suspended or revoked in any State? ☐ Yes ☐ No
If yes, attach an explanation.

## Designated Connecticut Broker Information

| Name of Designated Broker | | | | |
|---|---|---|---|---|
| Street Address | | City | State | Zip Code |
| Telephone Number | Social Security Number | Email Address | | |

In accordance with Connecticut General Statutes, Section 20-319, have you completed required continuing education? ☐ Yes ☐ No

Is the designated broker also licensed as an individual broker in Connecticut or any other State(s)? ☐ Yes ☐ No
If yes, indicate State(s) and License Number(s):

## Consent for Service for all Non-Residents

The undersigned _____ county of _____

State of _____ I, applicant hereby file irrevocably consent that suits and actions may be commenced against such applicant in the proper court in any judicial district of the state in which a cause of action may arise or in which the plaintiff may reside, and that in the event proper service of process cannot be made upon such applicant in any such proceeding, service may be made by service of process or pleading authorized by the laws of Connecticut on the Chairperson of the Connecticut Real Estate Commission, hereby stipulating and agreeing that such service of such process or pleading upon the said Chairperson of the Connecticut Real Estate Commission shall be taken and held in all courts to be as valid and binding as if service had been made upon said applicant in the State of Connecticut in accordance with Connecticut General Statutes, Section 20-317(b).

_____ _____

*Signature of Applicant* *Date*

## Certification

*I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided in this application is the truth to the best of my knowledge.*

_____ _____

*Signature of Applicant* *Date*

**STATE OF CONNECTICUT**
**DEPARTMENT OF CONSUMER PROTECTION**
165 CAPITOL AVENUE
HARTFORD, CT 06106
Email: dcp.realestate@ct.gov
Web site: www.ct.gov/dcp

# AFFIDAVIT OF OWNERSHIP

**All changes in ownership or control of a legal entity shall be reported within 30 days of such change by filing a new Affidavit of Ownership.**

| Name of Legal Entity | Email Address |
|---|---|
| Name of Designated Broker | Date Affidavit Completed |

**LICENSED INDIVIDUAL REAL ESTATE BROKERS OR SALESPERSONS WHO ENGAGE IN THE REAL ESTATE BUSINESS AS A PARTNERSHIP, CORPORATION, OR LIMITED LIABILITY COMPANY SHALL OBTAIN A BROKER LICENSE IN THE NAME OF THAT LEGAL ENTITY. THERE MUST BE ONE (OR MORE) LICENSED BROKER(S) WHO OWNS 51% OF THE LEGAL ENTITY. NO SALESPERSON MAY HAVE A CONTROLLING INTEREST IN THE LEGAL ENTITY. Refer to Connecticut General Statutes, Section 20-312(a)(b).**

**You must check (✓) the box that applies:**

☐ PUBLICLY-TRADED STOCK CORPORATION
☐ CLOSED STOCK CORPORATION
☐ LIMITED LIABILITY COMPANY
☐ PARTNERSHIP
☐ NON-STOCK CORPORATION

REQUIRED ATTACHMENTS: You must attach the PARTNERSHIP AGREEMENT, ARTICLES OF ORGANIZATION or ARTICLES OF INCORPORATION to this affidavit.

## MEMBERS/OFFICERS (attach as many forms as needed)

| First Name | | Middle Initial | Last Name | | |
|---|---|---|---|---|---|
| Mailing Street Address | | Mailing City | | State | Zip Code |
| Percentage of Ownership | Percentage of Stock Interest | Is the Member/Officer a: ☐SALESPERSON ☐BROKER ☐UNLICENSED | | CT License Number | |

| First Name | | Middle Initial | Last Name | | |
|---|---|---|---|---|---|
| Mailing Street Address | | Mailing City | | State | Zip Code |
| Percentage of Ownership | Percentage of Stock Interest | Is the Member/Officer a: ☐SALESPERSON ☐BROKER ☐UNLICENSED | | CT License Number | |

| First Name | | Middle Initial | Last Name | | |
|---|---|---|---|---|---|
| Mailing Street Address | | Mailing City | | State | Zip Code |
| Percentage of Ownership | Percentage of Stock Interest | Is the Member/Officer a: ☐SALESPERSON ☐BROKER ☐UNLICENSED | | CT License Number | |

## Attestation of this Application

*I certify, under penalty of law (C.G.S. section 53a-157b, a Class A Misdemeanor) that the information provided in this application is the truth to the best of my knowledge.*

*Signature of Applicant* _____ *Date* _____