



State of New Jersey
 DEPARTMENT OF BANKING AND INSURANCE
 REAL ESTATE COMMISSION
 PO Box 328
 TRENTON, NJ 08625-0328

PHIL MURPHY
Governor

SHEILA OLIVER
Lt. Governor

TEL (609) 292-7272
 FAX (609) 292-0944

MARLENE CARIDE
Commissioner

LICENSE CERTIFICATION AND/OR LICENSE HISTORY REQUEST FORM

FEE INFO.	DATE (mm/dd/yyyy): <input style="width: 150px;" type="text"/>
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<p>FEE (USD only): \$25.00 (each copy) for License Certification and/or Letter of Good Standing (current license status) \$50.00 (each copy) for a License History (includes current, and previous, Broker of Record(s))</p> <p>PAYMENT TYPE: <u>ACCEPTABLE ONLY</u>: Broker Business Check; Bank Certified/Cashier Check; or Money Order</p> <p>PAYABLE TO: STATE TREASURER OF NEW JERSEY</p>
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ORDERING INFO.

<input style="width: 40px;" type="text"/>	How many <u>LICENSE CERTIFICATION(s)/LETTER OF GOOD STANDING(s)</u> do you require? (\$25.00 for each copy)
Qty	
<input style="width: 40px;" type="text"/>	How many <u>LICENSE HISTORY(s)</u> do you require? (\$50.00 for each copy)
Qty	

IMPORTANT NOTE: License Certifications and/or Histories will be mailed within five (5) business days beginning with the date the written request is received by the NJREC Licensing Services Bureau.

CONTACT INFO.

FULL LEGAL NAME:	<input style="width: 100%;" type="text"/>		
	<small>(First, MI, Last Legal Name)</small>		
LICENSE REFERENCE #:	<input style="width: 200px;" type="text"/>	SOCIAL SECURITY #:	<input style="width: 200px;" type="text"/>
	<small>7 characters (All numbers)</small>		<small>9 characters (All numbers)</small>
HOME ADDRESS:	<input style="width: 100%;" type="text"/>		
	<small>Complete Legal Residential Number and Street Name</small>		
	<input style="width: 300px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
	<small>City</small>	<small>State</small>	<small>Zip Code</small>
DAYTIME PHONE #:	<input style="width: 100%;" type="text"/>		
	<small>(Area Code) w/Phone Number</small>		
E-MAIL ADDRESS:	<input style="width: 100%;" type="text"/>		

MAILING INFO.

IMPORTANT NOTE: Mail this request form, with fee(s), to only one of the address types listed shown.	Regular Mail	Overnight/Express Mail
	NJREC P.O. Box 474 Trenton, NJ 08625	NJREC 20 West State Street P.O. Box 474 Trenton, NJ 08625-0474