



Real Estate Branch Office Application

Please take the time to read the instructions carefully before beginning the application form. Incomplete forms will be returned, delaying licensure. Any omission, inaccuracy or failure to make full disclosure in an application may be deemed sufficient reason to deny a license or could result in the suspension or revocation, if one is issued.

When would I file a Real Estate Branch Office application?

You would file a Real Estate Branch Office application only if you are a licensed real estate principal broker who wishes to maintain a branch office in addition to your principal place of business.

Who can work as a Branch Office Manager?

A Branch Office manager must be a licensed associate real estate broker who shall work under the name and supervision of the broker to whom the branch office license is issued.

Where will a branch office license be mailed to?

Branch office licenses are mailed to the branch office address.

What is the application fee and term of licensure?

The nonrefundable application fee is \$185; the license will be effective for 2 years.

What forms of payment do you accept?

You may pay by check or money order made payable to the Department of State or charge any fee to MasterCard or Visa, using a credit card authorization form. Do not send cash. Application fees are nonrefundable. A \$20 fee will be charged for any check returned by your bank.

How do I perform a change of business address for a Branch office?

All business address changes for a branch office must be performed online at the Department's online real estate system located at www.dos.ny.gov. One of the principal brokers for the company will be required to log in to their personal online real estate account and perform the transaction.

At the time of this address change, you will be required to change all licensed brokers, associate brokers and salespersons currently associated with the company at this location in order to make the change. There is a \$10 fee for each change of address for each license located at the address being updated. Upon completion of the transaction, each account will be automatically updated and each licensee will receive a new license in the mail containing the new address.

PRIVACY NOTIFICATION

Do I need to provide my Social Security and Federal ID numbers on the application?

Yes, if you have a social security number or Federal ID number, you are required to provide this number. If you do not have a social security number or Federal ID number, please provide a written explanation.

The Department of State is required to collect the federal Social Security and Employer Identification numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this or other states established pursuant to Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. This information will be maintained in the Licensing Information System by the Director of Administration and Management, at One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.

FOR OFFICE
USE ONLY

LICENSE/ UNIQUE ID NUMBER

EFF. DATE

FEE

\$185



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001 Customer
Service: (518) 474-4429
<https://dos.ny.gov>

Real Estate Branch Office Application

Please print or type all responses in ink.

BUSINESS NAME

BUSINESS ADDRESS (NUMBER AND STREET OF PRINCIPAL OFFICE LOCATION)

UNIQUE ID NUMBER OF PRINCIPAL OFFICE

CITY

STATE

ZIP+4

COUNTY

DAYTIME TELEPHONE NUMBER
(IF PROBLEM WITH APPLICATION)

SOCIAL SECURITY NUMBER OR FEDERAL TAXPAYER ID (SEE PRIVACY NOTIFICATION)

()

BRANCH OFFICE ADDRESS FOR WHICH THIS APPLICATION IS MADE (NUMBER AND STREET)

CITY

STATE

ZIP+4

COUNTY

BRANCH OFFICE MANAGER NAME (IF APPLICABLE)

BRANCH OFFICE MANAGER UNIQUE ID NUMBER

BROKER — I am applying for a Branch Office License in accordance with Section 175.20 of Title 19 NYCRR.

Broker's License/Unique ID Number _____

Broker Print Name _____

Broker's Signature **X** _____ Date _____

Any changes to your business address must be performed through your online account so you can continue to receive renewal notices and any other notifications pertinent to your license.

(For office use only – Revenue Unit)

Become an Organ and Tissue Donor

Organ donors save lives. If you would like to be an organ and tissue donor upon your death, you may enroll in the NYS Donate Life Registry online at www.donatelife.ny.gov/register or complete the form below. Completed forms should be sent to the NYS Donate Life Registry by email – Registry@donatelife.ny.gov or, mail - NYS Donate Life Registry, 185 Jordon Road, Troy, NY 12180.

Fields with an asterisk (*) are required for enrollment. Upon receipt of your completed enrollment form, you will be sent an email or letter confirming your enrollment and providing you with information on how to limit your donation. I understand that by opting out of enrolling in the NYS Donate Life Registry, or skipping this question, will not impact or impair my ability to obtain services from the New York Department of State, Division of Licensing Services.



*Last name _____

*First name _____

Middle Initial _____ Suffix _____

*Address _____

*Apt. Number _____ *Zip Code _____

*City _____

*Birth date ____/____/____ *Gender M F
MM DD YYYY

Email address _____

DMV or IDNYC Number _____

By signing below, you certify that you are:

- 16 years of age or older;
- Consenting to donate your organs and tissues for transplantation and/or research in the event of your death;
- Authorizing the New York Department of State, Division of Licensing Services to transfer your name and identifying information to the NYS Donate Life Registry for enrollment;
and
- Authorizing the Registry to give access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health in the event of your death.

--	--

*Sign

*Date