



# 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  
<https://dos.ny.gov>

## Real Estate Qualifying Course Approval Renewal Application

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

- » 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 classroom location.
- » Annual registration period runs from September 1st through August 31st.
- » All instructors must be approved.

**PLEASE INDICATE THE COURSE CODE NUMBER AND TYPE(S) FOR THE COURSE(S) YOU WANT TO REGISTER. Check all that apply.**

SALESPERSON F- \_\_\_\_\_ BROKER B- \_\_\_\_\_  CLASSROOM  DISTANCE LEARNING (Asynchronous)  LIVE DISTANCE EDUCATION (Synchronous with Instructor)

SCHOOL NAME \_\_\_\_\_

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

E-MAIL ADDRESS (IF ANY) \_\_\_\_\_

**CLASSROOM AND LIVE DISTANCE COURSES ONLY:**

PRIMARY LOCATION (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

CLASSROOM COURSES ONLY SECONDARY LOCATION #1 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

SECONDARY LOCATION #2 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

SECONDARY LOCATION #3 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ COUNTY \_\_\_\_\_

**DISTANCE LEARNING AND LIVE 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 \_\_\_\_\_

**DISTANCE LEARNING AND LIVE 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 \_\_\_\_\_

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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

1. 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.**

2. 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.**

3. 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*

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**A fee of \$20 will be charged for any check returned by a bank for insufficient funds.**