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 LIVE DISTANCE EDUCATION

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CLASSROOM (Asynchronous) DISTANCE LEARNING (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
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

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