

**State Real Estate Commission
RENEWAL APPLICATION**

CEMETERY BROKER OF RECORD AND MANAGER OF RECORD

PLEASE TYPE OR PRINT IN BLUE/BLACK INK.

**State Real Estate Commission
PO Box 8413
Harrisburg, PA 17105-8413**

License Number: _____

Name as it appears on License: _____

Employer's Name as it appears on License: _____

I will not be practicing this profession in Pennsylvania after May 31, 2010. (No fee required.) **Standard Licensees: If your license is inactive for a period of five years or more, and your license classification requires an examination, you will be required to take and pass the real estate examination to reinstate your license.**

I have a change of name and/or home address. **NAME CHANGE:** Your name will be changed AFTER we receive a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of maiden name, etc.)

New Home Address: _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

If you answer YES to questions 2 through 4 – provide details AND attach certified copies of legal document(s).	YES	NO
1. Do you hold a license to practice this profession in any other state or jurisdiction? List: _____		
2. Since initial application or last renewal , whichever is later, have you had disciplinary action taken against your license in any state or jurisdiction?		
3. Since initial application or last renewal , whichever is later, have you withdrawn an application for a license, had an application for a license denied or refused, or agreed not to reapply for a license in any state or jurisdiction?		
4. Since initial application or last renewal , whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state of jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
5. Do you maintain a current license in the reciprocal state used for PA licensure? (If you do not hold a reciprocal license, please write N/A in the YES and NO columns.)		

*If you hold a reciprocal license you are **NOT** required to send a Certificate of Licensure to this office at this time. After the renewal period, the Commission will perform a random audit. If you are selected in that random audit you will receive a letter explaining what information must be submitted. If you do submit a Certificate of Licensure with this renewal form, it will not be returned to you and it will not be used for the random audit.

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined.

Signature (Mandatory): _____ Date: _____

EXPIRATION DATE	5/31/2012
FEE – Check or Money Order payable to: COMMONWEALTH OF PENNSYLVANIA Write your license number on your payment. ⇒ ⇒	\$126.00
LATE FEE - \$5.00 per month assessed when postmarked after May 31, 2010. Processing fee of \$20.00 charged for returned payment.	PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES