



**State of Rhode Island
Department of Business Regulation
Division of Commercial Licensing
Real Estate Section
1511 Pontiac Ave, Bldg. 69-1
Cranston, RI 02920**

REAL ESTATE BROKER/ATTORNEY REQUIREMENTS

In accordance with RI Gen. Laws § 5-20.5-4(d), an attorney at law licensed by the supreme court of the state of Rhode Island, may by application, be granted a real estate broker's license without examination. All licenses expire biennially (every two years) on even years.

Rhode Island Attorney's must submit the following:

- A completed Real Estate Broker/Attorney Application
- A Certification from the Rhode Island Supreme Court or Current Membership Certificate from the Rhode Island Bar Association
- A Criminal History Record (CHR) from the Rhode Island Department of the Attorney General located at 4 Howard Avenue, Cranston, RI 02920. Hours of operation are 8:30 am to 4:30 pm. For further questions about this process, you may contact the DAG at (401) 274-4400.
- A Lead Poisoning/Lead Hazard Mitigation Certificate of Completion for three (3) hours (an approved Real Estate Pre-Licensing and Continuing Education Course List can be found on the DBR website at www.dbr.ri.gov)
- A Certificate of Errors and Omissions Insurance

FEES: Remit TWO separate Checks or Money Orders

- 1st Check - \$180, payable to the "RI General Treasurer"
- AND;**
- 2nd Check - \$25, payable to the "Real Estate Recovery Account."



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REAL ESTATE BROKER/ATTORNEY APPLICATION

Please print or type. Incomplete applications will be returned. Please allow 7-10 business days for processing.

1. APPLICANT INFORMATION			
Name:		SSN:	
Date of Birth:	Age:	Legal Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Residential Address:			
City:	State:	Zip Code:	
Phone Number:		Email Address:	
Present Occupation:			
Have you ever been refused a real estate broker's or salesperson's license in this or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever had any real estate license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of, or plead guilty or nolo contendere to forgery, embezzlement, obtaining money under false pretenses, bribery, larceny, extortion, conspiracy to defraud, or any other offenses of any type which would reasonably cause the Department to question your honesty, trustworthiness, integrity, good reputation or competency? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. EMPLOYMENT INFORMATION			
Agency Name:		Phone Number:	
Address:			
City:	State:	Zip Code:	
Will you be the Principal Broker of the Agency listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Principal Broker Name:		RI License No.:	
3. RECOMMENDATIONS			
R.I.G.L requires recommendations from three (3) Rhode Island residents who have known the applicant for three (3) years and are not related to the applicant and will attest that the applicant bears a good reputation for honesty and trustworthiness and would recommend that a license be granted to the applicant.			
Name:	Email:		
Name:	Email:		
Name:	Email:		

4. AFFIDAVIT(S) & SIGNATURE

Tax Payer Status Affidavit

Pursuant to R.I. Gen. Laws, Chapter 5-79, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due to the state, or must have entered into a written agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

Have you filed all required Rhode Island State tax returns, and have you paid all taxes owed? ☐ Yes ☐ No

Affidavit of Application

I swear, under penalty of perjury that the information provided in connection with this application is true to the best of my knowledge, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny licensure by the Rhode Island Department of Business Regulation.

Signature of Applicant

Date of Signature (MM/DD/YY)

OFFICE USE ONLY

	Date
Date application was received:	
Certificate from the RI Bar Association:	
Lead Poisoning/Lead Hazard Course Received:	
Errors and Omissions Insurance Received:	
CHR Received:	
License #.:	
Approval:	
Expiration:	