



The Commonwealth of Massachusetts
Division of Professional Licensure
1000 Washington Street Suite 710 • Boston, Massachusetts 02118-6100

Board of Registration of Real Estate Brokers and Salespeople

www.mass.gov/dpl/boards/re

(617)727-2373

Instructions and Documentation requirements

COMPLETE CHECKLIST BEFORE YOU MAIL YOUR APPLICATION

After following the prior guidelines do your final check

- Application is legible, complete, and signed
- Current MA license number and issue date is indicated (Brokers Only)
- Current Picture is attached
- Correct Fee is attached or Credit Card information included (**no cash**)
- Appropriate Education is documented and signed
- Appropriate work experience is documented and signed (Brokers Only)
- Endorsements
- \$5000 Surety Bond (Brokers only)
- CORI acknowledgment form is completed and attached

School Form

- The correct form is filled out
- Student name is on the form and program indicated
- Total hours of education is indicated on the form
- The school seal is showing

Work experience Form (Broker applicants only)

- All dates are filled in including 'present' date
- Supervising Licensee has signed

Nb. Please be aware that when your application arrives at PSI, it is reviewed as quickly as possible, usually in a matter of days or weeks. We cannot wait for missing documentation. Your application will be RETURNED if it is missing documentation, which will create an unnecessary delay.

It is in your best interest to make sure that your application is ready for approval on FIRST review.

Complete and forward the application to:
PSI Examination Services
ATTN: Examination Registration MA RE
3210 E Tropicana Ave.
Las Vegas, NV 89121



**Commonwealth of Massachusetts
Division of Professional Licensure
Board of Registration of Real Estate Brokers and Salespersons**

Application for Examination

Completed by Vendor/Board

Ex. Date _____

Ex. Result _____

Cert. Date _____

Cert. No. _____

Complete and forward this registration form with the applicable examination fee to:

PSI Examination Services / ATTN: Examination Registration MA RE

3210 E Tropicana Ave/ Las Vegas, NV 89121

(800) 733-9267 * Fax (818) 247-3853 * TTY (800) 735-2929

Attach a recent
photo here

Applying for	Check One	License no.	Date
Real Estate Brokers exam	<input type="checkbox"/>	MA Salespersons	Issued: _____
Real Estate Salespersons exam	<input type="checkbox"/>		

Please Print or Type. This is an official Document; please enter your legal name and information.

Social Security Number (required)*		Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> prefer not to answer		
Last Name		First Name		Middle Name		Generation
Maiden / Former / Also Known As						
Building number	Street address			Po Box		
City				State		Zip Code
Primary Phone Number ()		Mobile Phone Number ()		Email Address		Preferred Communication <input type="checkbox"/> Postal Mail <input type="checkbox"/> Email

*Pursuant to MGL. c 62C § 47A, the Division of Professional Licensure is required to obtain your Social Security number and forward it to the Department of Revenue. The Department of Revenue will use your Social Security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.



Check off where applicable and submit documents in evidence.

	Salesperson	Broker
Education requirement	Approved program 40 hrs <input type="checkbox"/>	Approved program 40 hrs <input type="checkbox"/>
Work experience requirement	N/A	MA Salesperson license <input type="checkbox"/>
Out of state education	Equivalent program 40 hrs or more with waiver approval <input type="checkbox"/>	Equivalent program 40 hrs or more with waiver approval <input type="checkbox"/>

1. Has a licensing/certification board located in the United States or any country or foreign jurisdiction taken any disciplinary action against any licenses you hold in another jurisdiction? Yes No
If yes, please state the details (use a separate sheet if necessary): _____
2. Are you the subject of pending complaints that may result in disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes No
If yes, Please state the details (use a separate sheet if necessary): _____
3. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes No
If yes, please state the details (use a separate sheet if necessary): _____
4. Have you ever applied for and been denied a professional license in the United States or any country of foreign jurisdiction?
Yes No
If yes, please state the details (use a separate sheet if necessary): _____
5. Have you ever admitted to or been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction? Yes No

The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records—and other Federal and professional records—may be checked as part of your licensing process. No record is an automatic disqualifier; you will be given an opportunity for a limited appearance before the Board.

By signing this application I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration of Real Estate Brokers and Salespeople to deny my right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to M.G.L.c.62C, s. 49A, to the best of my knowledge and belief, I have filed all Mass tax returns and paid all Mass taxes required by law.

(Signature)

(Date)

If you are enclosing a Special Arrangement Request letter and required documentation please check here



Application Fees:

Applicants must submit the total fees from the table below with the application to PSI (No cash or personal checks allowed). These fees do not include your licensing fee. See Candidate Information Bulletin

	Salesperson exam	Broker exam
Exam Fee (non-refundable)	\$54	\$54
MA exam Application Processing Fee* (non-refundable) Pursuant to the valor act the MA application fee is waived for approved Veterans, Active military and their spouses***	\$31	\$52
Total	\$85	\$106
Total with MA fee waived	\$54	\$54

Re-examination Fees:

Re-examination fees are based on the portion of the exam that you are retaking. The total for both portions is \$135.

**Must fill out the Active Duty Military or Veteran’s Discount Form found at the end of this Candidate Information Bulletin. Be sure to include a copy of the DD-214 or military orders.

Money Order or Cashier’s Check also accepted. No cash or personal check.

Credit card (MasterCard or VISA) payment accepted for phone or fax review/re-exam registrations only.

MasterCard Visa Discover American Express

Credit Card No:		Cardholder Name :
Exp. Date:	Verification No.:	Signature:
Billing Address		
Billing City	Billing State	Billing Zip Code



**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

Please provide the name of the board of registration and license type for which you are applying or currently hold:

Board of Registration

License Type

NOTE: THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM WILL NOT BE ACCEPTED UNLESS IT HAS BEEN SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS COMPLETED THE "VERIFICATION BY NOTARY SECTION" ON PAGE TWO, DOCUMENTING THAT SAID NOTARY HAS VERIFIED THE IDENTITY OF THE SIGNER THROUGH SATISFACTORY EVIDENCE OF IDENTIFICATION.



SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

*Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

IDENTITY VERIFICATION SECTION: Prior to submission to the Board's application vendor, this Section must be completed.

VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:¹

- Passport State-issued driver's license Military identification State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public:

Notary Commission Expires On



Candidates Eligible via Education <i>This section to be completed by the School Authorized Agent</i>	
Sales	
Name of Student:	
Name of School:	
Indicate number of classroom hours:	
Date prelicense education completed (certification date):	
School Authorized Agent (print):	School Code Stamp
I, the undersigned, hereby certify that this candidate has completed the course hours as prescribed by the Board.	
Signature of School Authorized Agent	

Candidates Eligible via Education <i>This section to be completed by the School Authorized Agent</i>	
Broker	
Name of Student:	
Name of School:	
Indicate number of classroom hours:	
Massachusetts Salesperson license number:	
Date prelicense education completed (certification date):	
School Authorized Agent (print):	School Code Stamp
I, the undersigned, hereby certify that this candidate has completed the course hours as prescribed by the Board.	
Signature of School Authorized Agent	

Candidates Eligible via Board Waiver	
Name of Candidate	
Certification Valid Thru:	
	Board Code Stamp
Signature of Board Agent	

This certification, if issued by an approved Massachusetts Real Estate school, is valid for two years from the certification date below. This certification, if issued by the Real Estate Board as a waiver, is valid until the certification date below. If the candidate listed below does not pass the entire examination within the two-year period, or in the case of a waiver prior to the certification date, this certificate will no longer be accepted for examination.



Candidate Endorsement - Required of all test takers

References MUST be unrelated to the applicant. Classmates known by you only from the real estate course may not sign below.

THIS SECTION MUST BE COMPLETED IN INK.

I, the UNDERSIGNED, certify that the applicant, who is known to me, has a good reputation for honesty and fair dealings and is of good moral character. The Board may assume that in endorsing this applicant I will be willing to interpret or to substantiate to the Board my endorsement should the Board desire to contact me at a later date.

1. Name (signature):

Name (print):

Address:

City/State Zip:

Occupation:

2. Name (signature):

Name (print):

Address:

City/State Zip:

Occupation:

3. Name (signature):

Name (print):

Address:

City/State Zip:

Occupation:



EMPLOYING BROKER CERTIFICATION

To be completed in its entirety by the employing broker only. ORIGINAL COMPLETED FORM ONLY must be provided at the test center. Copies will not be accepted.

Candidate's Massachusetts Salesperson License Number _____

I, the undersigned, do hereby certify that the above named Salesperson was actively associated with me for at least twenty-five (25) hours per week for _____ weeks beginning _____ until _____. I have not included any weeks when less than the requisite twenty-five (25) hours were worked.

Broker Signature

Date Signed

Broker Name (Please Print)

Broker License Number

In the case of a corporation, partnership, LLP, or LLC only the Broker of Record may endorse and you must also include:

Name of Firm

License Number

Candidate's Massachusetts Salesperson License Number _____

I, the undersigned, do hereby certify that the above named Salesperson was actively associated with me for at least twenty-five (25) hours per week for _____ weeks beginning _____ until _____. I have not included any weeks when less than the requisite twenty-five (25) hours were worked.

Broker Signature

Date Signed

Broker Name (Please Print)

Broker License Number

In the case of a corporation, partnership, LLP, or LLC only the Broker of Record may endorse and you must also include:

Name of Firm

License Number



EXAMPLE OF HOW TO FILL OUT THE REAL ESTATE BROKER BOND

THIS ORIGINAL FORM MUST BE COMPLETED BY THE INSURANCE AGENT OR BOND COMPANY.

KNOW ALL PERSONS BY THESE PRESENTS:

That we, [Candidate's name]
Candidate's address
Candidate's town or city
of [address] Town of [Town]
Candidate's county
Candidate's state
County of [County] State of [State]
as Principal, and [Name of bond company]
[Bond company or insurance company's state]

a corporation organized under the laws of the State of [State] and duly authorized to transact business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto the Commonwealth of Massachusetts, as Oblige, the sum of FIVE THOUSAND AND 00/100 DOLLARS (\$5,000) for the payment of which sum the said principal and surety do jointly and severally bind themselves, their heirs, executors, administrators, successors and assigns, and each and every one of them firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT WHEREAS, the Principal has made application to the Board of Registration of Real Estate Brokers and Salesmen for a license to engage in the business of Real Estate Broker as defined in Chapter 112 of the General Laws as amended.

NOW, THEREFORE, if the said Board of Registration of Real Estate Brokers and Salesmen shall grant the application and issue the license above referred to and if the Principal shall faithfully account for all funds entrusted to him in his capacity of Real Estate Broker, then this obligation shall be null and void; otherwise to remain in full force and effect, subject however to the following conditions:

- No. 1. This bond shall be continuous in form; the liability of the surety hereunder may however be terminated by giving thirty days written notice thereof, by registered or certified mail, to the Board of Registration of Real Estate Brokers and Salesmen in a form acceptable to such Board; and upon giving such notice, the Surety shall be discharged from all liability under this bond for any act or omission of the Principal occurring after the expiration of thirty days from the date of service of such notice.
No. 2. That any person aggrieved by an act of the Principal named in this bond in violation of the provisions of said Chapter 112 may proceed against the Principal or Surety herein, or both, to recover damages.
No. 3. That nothing contained herein shall be construed to impose upon the Surety any greater liability in the aggregate than the total amount of his bond.

In witness whereof, the said Principal and Surety have signed and sealed this instrument this [day] day of [Month] (Year) [Year]
Witness [Company Representative's Signature] Principal [Candidate's Signature]
Witness [Company Representative's Signature] By [Signature of insurance agent or bond company]

If you have unnecessarily purchased a bond or do not become a licensed broker this original Bond form must be returned to the agent within [days] days of issuance in order to receive a refund. If testing with PSI, the Bond will be collected at the test center after passing the exam.

Nothing contained herein shall be construed as the granting of a broker license or authorization to practice the business of real estate broker. This original bond, once completed, must be submitted to the Massachusetts Board of Registration of Real Estate Brokers and Salesmen, 1000 Washington Street, Suite 710, Boston, MA 02118-6110.



REAL ESTATE BROKER BOND

It is recommended that the candidate have the insurance agent witness them signing the bond at the time the bond is issued.

A completed Broker Bond is Mandatory for All Broker Candidates: There are no exceptions to this requirement!

After you schedule your Broker examination, you should take the Real Estate Broker Bond form (provided on the next page) to your insurance agent or bond company. Some insurance companies and agents have reformatted this form, sometimes installing their own company or agency logo. These forms are acceptable provided that they contain all of the same wording and features of the prototype form found on the following page. A copied bond is acceptable but **ONLY** if it bears original signatures. Power of Attorney, if present (but not required), should be submitted with the bond. Rider, if present (but not required), should be submitted with the bond.

A completed (and valid) Broker Bond must include the following:

1. **Your legal name must be completed as it will appear on your broker license.**
2. **Your address, including town, county and state must be filled out.**
3. **Name of the bond company (“as Principal, and”):** The name of the bond company must appear on the approved list found in this Candidate Information Bulletin.
4. **The state in which the bond company is incorporated.**
5. **A \$5,000 bond coverage must be provided.**
6. **The date the bond was signed by “Attorney-in-Fact” must be provided.** The Attorney-in-Fact is the insurance agent or bond company.
7. **The Broker Bond must already bear the signature (original ink signature or mass-produced signature stamp) of the “Attorney-in-Fact.”**
8. **Three mandatory signatures are required: (1) the “Attorney-in-Fact”, (2) the principal (candidate), and (3) at least one witness:** A bond with one or more copied signatures **MUST** bear the insurance company’s embossed or adhered seal. **If the bond does not bear either an original ink signature or a mass-produced signature of “Attorney-in-Fact”, it cannot be accepted by PSI and you will be turned away.** The invalid bond will be returned to you and you will need to have the form corrected, reschedule your exam and pay the examination fee again.
9. **The insurance agent, bond company and/or their representative MUST witness the candidate signing the bond. This must occur prior to arriving at the test center. The TEST CENTER STAFF cannot witness the Principal's (candidate) signature.** It is recommended that the candidate have the insurance agent witness them signing the bond at the time the bond is issued.

If you arrive to take your examination without a properly completed Broker Bond form, you will NOT BE PERMITTED TO TEST and you will forfeit your examination fee.



REAL ESTATE BROKER BOND

THIS ORIGINAL FORM MUST BE COMPLETED BY THE INSURANCE AGENT OR BOND COMPANY.

KNOW ALL PERSONS BY THESE PRESENTS:

That we, _____
(name as it appears or will appear on the broker license)

of _____ Town of _____
(address as it appears or will appear on the broker license)

County of _____ State of _____

as Principal, and _____

a corporation organized under the laws of the State of _____ and duly authorized to transact business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto the Commonwealth of Massachusetts, as Obligee, the sum of FIVE THOUSAND AND 00/100 DOLLARS (\$5,000) for the payment of which sum the said principal and surety do jointly and severally bind themselves, their heirs, executors, administrators, successors and assigns, and each and every one of them firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT WHEREAS, the Principal has made application to the Board of Registration of Real Estate Brokers and Salesmen for a license to engage in the business of Real Estate Broker as defined in Chapter 112 of the General Laws as amended.

NOW, THEREFORE, if the said Board of Registration of Real Estate Brokers and Salesmen shall grant the application and issue the license above referred to and if the Principal shall faithfully account for all funds entrusted to him in his capacity of Real Estate Broker, then this obligation shall be null and void; otherwise to remain in full force and effect, subject however to the following conditions:

No. 1. This bond shall be continuous in form; the liability of the surety hereunder may however be terminated by giving thirty days written notice thereof, by registered or certified mail, to the Board of Registration of Real Estate Brokers and Salesmen in a form acceptable to such Board; and upon giving such notice, the Surety shall be discharged from all liability under this bond for any act or omission of the Principal occurring after the expiration of thirty days from the date of service of such notice.

No. 2. That any person aggrieved by an act of the Principal named in this bond in violation of the provisions of said Chapter 112 may proceed against the Principal or Surety herein, or both, to recover damages.

No. 3. That nothing contained herein shall be construed to impose upon the Surety any greater liability in the aggregate than the total amount of his bond.

In witness whereof, the said Principal and Surety have signed and sealed this instrument this _____ day of _____ (Year) _____

Witness _____ Principal _____

Candidate

Witness _____ By _____

Attorney-in-Fact

If you have unnecessarily purchased a bond or do not become a licensed broker this original Bond form must be returned to the agent within _____ days of issuance in order to receive a refund. If testing with PSI, the Bond will be collected at the test center after passing the exam.

Nothing contained herein shall be construed as the granting of a broker license or authorization to practice the business of real estate broker. This original bond, once completed, must be submitted to the Massachusetts Board of Registration of Real Estate Brokers and Salesmen, 1000 Washington Street, Suite 710, Boston, MA 02118-6110.



BOND COMPANIES

CANDIDATES WHO CONTACT AN INSURANCE AGENT TO PROCURE A BOND SHOULD BE SURE IT IS WRITTEN BY ONE OF THESE BOND COMPANIES. IF THE COMPANY DOES NOT APPEAR ON THIS LIST, CANDIDATES ARE ADVISED TO CALL THE MASSACHUSETTS REAL ESTATE BOARD AT (617) 727-2373. THE INSURANCE AGENT MUST COMPLETE THE BOND FORM BY ENTERING ALL THE REQUIRED INFORMATION. IF ANY INFORMATION IS MISSING, THE LICENSEE IS NOT PERMITTED TO COMPLETE THE FORM. IN THAT CASE, THE FORM MUST BE RETURNED TO THE INSURANCE AGENT FOR COMPLETION. THE APPLICANT WILL NOT BE ALLOWED TO TAKE THE EXAMINATION UNTIL THE BOND IS CORRECTLY COMPLETED.

ACADIA INSURANCE
ACCREDITED SURETY & CASUALTY COMPANY INC.
AEGIS SECURITY INSURANCE CO
AETNA CASUALTY AND SURETY COMPANY OF AMERICA
THE AETNA CASUALTY & SURETY COMPANY OF AMERICA
AMERICAN CASUALTY COMPANY OF READING PA
AMERICAN STATES INSURANCE COMPANY
AMWEST SURETY INSURANCE COMPANY
BERKLEY SURETY GROUP
CAPITOL INDEMNITY CORP
CNA SURETY - AKA WESTERN SURETY
CONTINENTAL CASUALTY COMPANY - CAN
CONTRACTORS BONDING AND INSURANCE COMPANY
FARWEST INSURANCE COMPANY
FEDERAL INSURANCE COMPANY
FIDELITY & DEPOSIT COMPANY OF MARYLAND
GENERAL INSURANCE COMPANY OF AMERICA
GULF INSURANCE COMPANY
GREAT AMERICAN INSURANCE COMPANY
HARTFORD CASUALTY INSURANCE COMPANY
HARTFORD FIRE INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY
INSURANCE COMPANY OF NORTH AMERICA
LIBERTY MUTUAL INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
MASSWEST INSURANCE COMPANY
MERCHANTS BONDING COMPANY (MUTUAL)

NATIONAL FIRE INSURANCE COMPANY OF HARTFORD
NATIONAL GRANGE MUTUAL INSURANCE COMPANY
NGM INSURANCE COMPANY
OLD REPUBLIC SURETY COMPANY
OLD REPUBLIC INSURANCE COMPANY
PEERLESS INSURANCE COMPANY
PLATTE RIVER INS COMPANY
RELIANCE INSURANCE COMPANY
RLI INSURANCE COMPANY
SEABOARD SURETY COMPANY
SELECTIVE INSURANCE COMPANY OF AMERICA
SENTRY INSURANCE A MUTUAL COMPANY
STATE FARM FIRE AND CASUALTY COMPANY
ST PAUL FIRE AND MARINE INSURANCE COMPANY
SURETEC
THE CINCINNATI INSURANCE COMPANY
THE HANOVER INSURANCE COMPANY
THE OHIO CASUALTY INSURANCE CO.
TRAVELERS CASUALTY AND SURETY COMPANY
TRAVELERS CASUALTY AND SURETY CO. OF AMERICA
TRAVELERS INDEMNITY COMPANY
UNITED PACIFIC INSURANCE COMPANY
UNITED CASUALTY AND SURETY INSURANCE COMPANY
UNITED STATES FIDELITY AND GUARENTEY COMPANY
UTICA MUTUAL
WESTCHESTER FIRE INSURANCE COMPANY
WESTERN SURETY COMPANY - AKA KNOWN AS CNA SURETY
XL SPECIALTY INSURANCE COMPANY



**MASSACHUSETTS REAL ESTATE ACTIVE MILITARY DUTY OR VETERAN'S DISCOUNT EXAMINATION
REGISTRATION FORM**

PLEASE TYPE OR PRINT LEGIBLY.

Social Security Number		Date of Birth ____/____/____ Month Date Year	
Legal Last Name		Legal First Name	Middle Initial
Residence Address			
City	State	Zip Code	Contact Phone Number (including area code) ()
Email Address			
School Name		School Date of Completion (you must also attach a copy of the school certificate)	

PAYMENT

Examination fees payable to PSI may be made by cashier's check, company check, personal check, or money order. **Cash is NOT accepted.** Registration fees are not transferable. Or you may pay with credit card:

Check One: VISA MasterCard American Express Discover

Examination	Exam Fee
<input type="checkbox"/> Active Military Duty or Veteran Salesperson (Initial and Retake)	\$54
<input type="checkbox"/> Active Military Duty or Veteran Broker (Initial and Retake)	\$54

Card No: _____ Exp. Date: _____

Card Verification No: _____

For your security, PSI requires you to enter the card identification number located on your credit card. The card identification number is located on the back of the card and consists of the last three digits on the signature strip.

Billing Street Address: _____ Billing Zip Code: _____

Cardholder Name (Print): _____ Signature: _____

EXAM ACCOMMODATIONS REQUEST:

I am submitting the Exam Accommodations Request Form (on the following page) and required documentation. Yes No

Mail, Email, or Fax this Registration Form, along with the examination fee, copy of your school certificate, and copy of your military orders or DD-214.

PSI - 3210 E Tropicana, Las Vegas, NV 89121 - ATTN: MA RE

Fax it to 702-932-2666

Email to examschedule@psionline.com.



EXAM ACCOMMODATIONS REQUEST FORM

All examination centers are equipped to provide access in accordance with the Americans with Disabilities Act (ADA) of 1990. Applicants with disabilities or those who would otherwise have difficulty taking the examination may request exam accommodations.

Candidates who wish to request exam accommodations because of a disability should fax this form and supporting documentation to PSI at (702) 932-2666.

Requirements for exam accommodation requests

You are required to submit documentation from the medical authority or learning institution that rendered a diagnosis. Verification must be submitted to PSI on the letterhead stationery of the authority or specialist and include the following:

- Description of the disability and limitations related to testing
- Recommended accommodation/modification
- Name, title and telephone number of the medical authority or specialist
- Original signature of the medical authority or specialist

Date: _____ Social Security #: _____

Legal Name: _____
Last Name First Name

Address: _____
Street City, State Zip Code

Telephone: (_____) _____ - _____ (_____) _____ - _____
Home Work

Email Address: _____

Check any exam accommodations you require (requests must concur with documentation submitted):

- Reader (as accommodation for visual impairment or learning disability)
- Extended time (Additional time requested: _____)
- Large-print written examination
- Other _____

- Complete and fax this form, along with supporting documentation, to (702) 932-2666 or email it to examaccommodations@psionline.com.
- After 4 days, PSI Exam Accommodations will email you confirmation of approval with instructions for the next step.

DO NOT SCHEDULE YOUR EXAMINATION UNTIL THIS DOCUMENTATION HAS BEEN RECEIVED AND PROCESSED BY PSI EXAM ACCOMMODATIONS.