



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](http://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:<sup>1</sup>

- 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>	
<b>Sales</b>	
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>	
<b>Broker</b>	
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:





**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](mailto: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.**