New Hampshire
REAL ESTATE COMMISSION

25 Capitol Street • Room 437
State House Annex 4th Floor
Concord, NH 03301
(603) 271-2702

License #	License Dates
Form #	TN Ref #
Branch Ref #	
(Do Not Write in Above Spaces)	

FORM 3-RE
FIRM
Rev. 3/95

APPLICATION FOR LICENSE AS REAL ESTATE FIRM/CORPORATION

PRINT or TYPE ONLY.

FIRM/CORPORATION (Main Office)

Name of firm, partnership or corporation in which license is to be issued. (Note: Name MUST READ EXACTLY as it is registered with the NH Secretary of State): _____

Address – Principal place of business _____
STREET
_____
CITY STATE ZIP CODE

Mailing Address (if different from above) _____
STREET/PO BOX #
_____
CITY STATE ZIP CODE

Business Telephone #: _____

Fax #: _____

1. Have you registered this firm, partnership or corporation with the NH Secretary of State so that you may transact business in New Hampshire ? _____* Date of registration: _____ If incorporated, State of incorporation: _____.

***NOTE: IF YES, A COPY OF THE CERTIFICATE OF INCORPORATION OR CERTIFICATE OF REGISTRATION OF BUSINESS NAME MUST ACCOMPANY THIS APPLICATION.**

2. Does this firm/corporation transact the business of real estate brokerage in New Hampshire under a tradename ? _____ ** If so, state tradename EXACTLY as it is registered with the NH Secretary of State: _____

Date tradename expires at the office of the NH Secretary of State: _____.

****NOTE: IF YES, A COPY OF THE CERTIFICATE OF REGISTRATION FOR THE TRADENAME MUST ACCOMPANY THIS APPLICATION.**

3. List Below:
   (a) ALL officers or partners of your firm, partnership or corporation;
   (b) Their title within the firm, partnership or corporation
   (c) Their resident address; and
   (d) Their designation as a licensed NH salesperson (S) or broker (B) If they are participating in the business of real estate brokerage.

NAME	TITLE	RESIDENT ADDRESS	S/B

4. Broker of Record: _____
NAME RESIDENT ADDRESS
License #_____

5. Managing Broker: _____

License #_____

6. List licensees who will be working at this main office:

NAME	LICENSE #	NAME	LICENSE #

SIGNATURE OF PRINCIPAL: _____

TITLE (within Firm): _____

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____ 19 ____

(Notarial Seal)

_____
NOTARY PUBLIC/JUSTICE OF THE PEACE

My commission expires: _____

BRANCH OFFICES:

List below: (a) Location of ALL branch offices;
(b) Licensees, both salespeople and brokers, working at each branch office; and
(c) Broker of record for each branch office.

Location of Branch Office (#1): _____
STREET

_____
CITY STATE ZIP CODE

Mailing Address (if different from above): _____
STREET/PO BOX #

_____
CITY STATE ZIP CODE

Business Telephone # _____

Broker of Record: _____
NAME RESIDENT ADDRESS

License # _____

List licensees who will be working at this branch office:

NAME	LICENSE #	NAME	LICENSE #

SIGNATURE OF PRINCIPAL: _____

TITLE (within Firm): _____

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____ 19 ____

(Notarial Seal)

_____
NOTARY PUBLIC/JUSTICE OF THE PEACE

My commission expires: _____

Location of Branch Office (#2): _____
STREET

_____
CITY STATE ZIP CODE

Mailing Address (if different from above): _____
STREET/PO BOX #

_____
CITY STATE ZIP CODE

Business Telephone # _____

Broker of Record: _____
NAME RESIDENT ADDRESS

License # _____

List licensees who will be working at this branch office:

NAME	LICENSE #	NAME	LICENSE #

SIGNATURE OF PRINCIPAL: _____

TITLE (within Firm): _____

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____ 19 ____

(Notarial Seal)

_____
NOTARY PUBLIC/JUSTICE OF THE PEACE

My commission expires: _____

Location of Branch Office (#3): _____
STREET

_____
CITY STATE ZIP CODE

Mailing Address (if different from above): _____
STREET/PO BOX #

_____
CITY STATE ZIP CODE

Business Telephone # _____

Broker of Record: _____
NAME RESIDENT ADDRESS

License # _____

List licensees who will be working at this branch office:

NAME	LICENSE #	NAME	LICENSE #

SIGNATURE OF PRINCIPAL: _____

TITLE (within Firm): _____

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____ 19 ____

(Notarial Seal)

_____
NOTARY PUBLIC/JUSTICE OF THE PEACE

My commission expires: _____

ALL NON-RESIDENTS MUST COMPLETE THE FOLLOWING POWER-OF-ATTORNEY FORM

POWER-OF-ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: that the subscriber, desiring to conduct a real estate business in the State of New Hampshire in conformity with the laws thereof, hereby irrevocably constitutes and appoints the New Hampshire Real Estate Commission or its Executive Director, for the time being, to be the subscriber's true and lawful attorneys in aforesaid state, in compliance with the provisions of chapter 331-A Revised Statutes Annotated, as inserted by the Laws of 1959, chapter 222, and any amendments thereto, upon whom all lawful processes in any action or proceeding against the subscriber may be served and said subscriber hereby stipulates and agrees that any lawful process which is served on said attorneys shall be of the same legal force and validity as if served personally within this State.

IN WITNESS WHEREOF, the undersigned has executed and subscribed to this Power-of-Attorney this

_____ day of _____ A.D. _____

_____
SIGNATURE OF APPLICANT

State of _____

County of _____

On this _____ day of _____ A.D. 19 _____ personally appeared the person who subscribed to the following instrument and acknowledged the same as his/her voluntary act and deed before me.

_____
NOTARY PUBLIC

(Notarial Seal)

My commission expires:

_____