REE-070-20 Rev. 01/2021



PO Box 83720 Boise, Idaho 83720-0063 Office: (208) 334-3285 IREC-Licensing@dopl.idaho.gov

| IREC use only |  |  |  |
|---------------|--|--|--|
| License #:    |  |  |  |
| Receipt #:    |  |  |  |
| Approved:     |  |  |  |

## BRANCH OFFICE \$50 LICENSE APPLICATION \$50

INSTRUCTIONS: Submit this original, completed application form with the required fee and ALL attachments. **Applications that are illegible, incomplete, or missing the fee or required attachments will be immediately returned without processing.** 

The branch office is not licensed until IREC **approves** the license application. It is unlawful for the branch office to engage in the business or act in the capacity of a real estate licensee in Idaho without first obtaining a license. Allow 10 business days to process the completed application.

NOTE: Applications are processed in the order received. <u>Updates on the status of license applications</u> will NOT be given over the phone. When the branch office name and license number appear as active status in the License Lookup on the IREC website, the license has been approved.

|    | -   | -  |                                      |  |
|----|---|--|--------------------------------------|--|
| 1. | BRANCH OFFICE INFORMATION   |  | Linna No.                            |  |
|    | Name of Designated Broker:  |  | License No.:                         |  |
|    | Brokerage Name:   |  | License No.:                         |  |
|    | Main brokerage address:   |  |                                      |  |
|    | City  | State  | Zip                                  |  |
|    | •   |  | ·                                    |  |
|    | Physical address of branch office:  |  |                                      |  |
|    | City  | State  | Zip                                  |  |
|    |   |  |                                      |  |
|    | , ,   | ,  |                                      |  |
|    | City  | State  | Zip                                  |  |
|    | Branch phone (required):  | Branch fax:  |                                      |  |
|    | Branch Email:   | Branch website:  |                                      |  |
| 2. | BRANCH OFFICE MANAGER (BOM)   | ):   |                                      |  |
|    | a. Proposed BOM:  |  |                                      |  |
|    | b. Does the proposed BOM already h  | have an Idaho broker license?  |                                      |  |
|    | ☐ No - Attach a completed broker license application for the proposed BOM |  |                                      |  |
|    | Yes - Provide Idaho broker license number                                 |  |                                      |  |
|    | course within the 3 years imp   | Business Conduct & Office Operations* of the date of this appeared is not already recorded on your IREC of | olication. *Attach a copy of         |  |
| 3. | ERRORS & OMISSIONS INSURANCE: (a your application)                        | E&O insurance must have an effective date on or be   | efore the date you submit            |  |
|    | Rice Insurance Services Company (Co                                       | Commission group policy - attach a copy of the RISC  | certificate of coverage for the BOM) |  |
|    | Independent Coverage (attach complete for the BOM)                        | ted, signed Certification of E&O Coverage form REE   | E-141 or REE-142 showing coverage    |  |

| REQUIRED ATTACHMENTS   | ONLY |
|--|------|
| \$50 license fee (check or credit card authorization form)   |      |
| Broker License Application for proposed Branch Office Manager (if not already licensed as an Idaho broker) |      |
| Trust Account Notification Form (REE-088)  |      |
| E&O Insurance Certification of Coverage for the Branch Office Manager                                      |      |
| I have completed the BCOO or Brokerage Management course within the previous 3 years                       |      |
|  |      |
| Signatures:  |      |
|  |      |
|  |      |
| Designated Broker Branch Office Manager  |      |
|  |      |
|  |      |
|  |      |
| NOTARY IS REQUIRED   |      |
|  |      |
| State of) ss.  |      |
|  |      |
| Signed (or attested) before me on by   | and  |
| Date Name of Individual (Designated Broker)  |      |
|  |      |
| Name of Individual (Branch Office Manager)   |      |
| Name of individual (Branch Office Manager)   |      |
|  |      |
| Signature of Notary notary   |      |
| seal   |      |
|  |      |

NOTICE: Because of rising costs associated with issuing a refund, it is the policy of IREC to refund overpayments of under \$25 only if requested in writing within 30 days of IREC receipt of the overpayment. Overpayments of \$25 or more will be automatically refunded. There is a \$20 fee assessed for each check returned to IREC for insufficient funds.

My Commission Expires

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