

**REAL ESTATE BOARD
PRE-LICENSING COURSE FOR DEALERS
(Real Estate Dealers Course)**

**CERTIFICATE OF EMPLOYMENT
(To be completed by the Employer)**

REAL ESTATE DEALER INFORMATION

NAME:

ADDRESS:

TELEPHONE NUMBER(S):

EMAIL ADDRESS:

FAX NUMBER:

DEALER REGISTRATION NUMBER:

DATE OF REGISTRATION

LICENCE NUMBER:

EXPIRY DATE OF CURRENT LICENCE

REAL ESTATE DEALER'S BRANCHES OF PRACTICE

CERTIFICATION BY REAL ESTATE DEALER:

NAME OF REAL ESTATE SALESMAN

LICENCE NUMBER: **DATE OF EXPIRY**

IS / WAS EMPLOYED BY ME ON A **WHOLE-TIME BASIS**
FROM TO

I hereby certify that the above-mentioned information is true and correct.

NAME OF QUALIFYING DIRECTOR / DEALER

SIGNATURE OF QUALIFYING DIRECTOR / DEALER

DATE

Company Seal