

VIRGIN ISLANDS REAL ESTATE COMMISSION  
Department of Licensing and Consumer Affairs  
Golden Rock Shopping Center, Christiansted  
St. Croix, VI 00820  
(340) 773-2226 phone  
(340) 778-8250 fax

Attach 3  
2x2 photos of  
applicant here

## APPLICATION FOR REAL ESTATE BROKER'S LICENSE

Real Estate Broker's Examination       Attorney

The non-refundable application fee of \$10.00 must be submitted with the application.

Attorneys licensed to practice in the Virgin Islands are exempt from the examination.

### Part I

1. Full Name \_\_\_\_\_
2. Father's Name \_\_\_\_\_
3. Mother's Maiden Name \_\_\_\_\_
4. Physical Address \_\_\_\_\_
5. Mailing Address \_\_\_\_\_
6. Business Telephone (    ) \_\_\_\_\_
7. Home Telephone (    ) \_\_\_\_\_
8. Birth Date \_\_\_\_\_
9. Birth Place \_\_\_\_\_
10. Citizenship \_\_\_\_\_
11. Naturalized:  yes     no
12. Social Security Number \_\_\_\_\_
13. Virgin Islands Resident  yes     no    If yes, how long? \_\_\_\_\_
14. Previous Address \_\_\_\_\_
15. Present Business Activity \_\_\_\_\_

16. Have you ever been convicted of a felony?  yes  no

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

17. Has your license ever been revoked?  yes  no

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

18. Have you ever been censured for unprofessional conduct?  yes  no

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

19. Have you ever served in the armed forces?  yes  no

If yes, give dates of active service, branch of service, serial number, rate of rank, commendations or decorations, if any, type of discharge: \_\_\_\_\_  
\_\_\_\_\_

20. Have you ever been discharged or have you ever resigned from a position because of alleged misconduct or misappropriation of funds?  yes  no

21. In Which states are you now registered as a Real Estate Salesperson or Broker? Submit copies of each registration listed.

State	Registration or License #	Title of License	Expiration Date

22. Have you previously taken the examination for a Virgin Islands Real Estate Broker's License?

yes  no

If yes, give date of examination and examination results \_\_\_\_\_

23. Indicate exact location of "Fixed Office" if the requested license is granted. \_\_\_\_\_  
\_\_\_\_\_

24. Trade Name of Business \_\_\_\_\_  
\_\_\_\_\_

**Part II**

25. **REFERENCES:** At least three 3 of the individuals listed as references must be residents of the Virgin Islands for the past 5 years. Relatives and Commission Members may not be listed as references.

Name	Address	Telephone Number
1.		
2.		
3.		
4.		
5.		

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**Part III**

26. **EDUCATION:** Please list in chronological order, beginning with the most recent.

Name of School/University	Attendance Dates	Graduation Date	Certificate/Degree/Diploma Received

27. **EXPERIENCE:** Please list in chronological order, beginning with the most recent.

Employer's Name and Address	Employment Dates	Job Title and Description of Duties

All information must be verifiable. Any false information may be cause for denial of license.

**Part IV**

**AFFIDAVIT (Must be completed by all applicants)**

28. State of \_\_\_\_\_  
Territory of \_\_\_\_\_  
Country of \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, depose and say that I am the person who executed the foregoing instrument; that I have read the same and know the contents thereof; that the matters stated therein are true to my knowledge; that I have not suppressed any information that might affect this application; and that I have read and understand this affidavit.

\_\_\_\_\_  
Applicant's Signature

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires on \_\_\_\_\_

Do not write below this line:

**COMMISSION DISPOSITION:**

APPROVED

DISAPPROVED

\_\_\_\_\_  
Signature, Chairman of the Commission

Date: \_\_\_\_\_

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

**REQUIREMENTS FOR LICENSURE  
PLEASE READ CAREFULLY AND SIGN**

**LICENSING REQUIREMENTS:**

1. Applicant is required to pay a non-refundable application fee of \$10.00.
2. Applicant must be at least 18 years of age and a resident of the Virgin Islands at least 30 days immediately prior to submission of application.
3. The following documents must accompany the application.
  - a. Proof that applicant has been licensed as a Real Estate Salesperson for two (2) consecutive years or is a licensed attorney admitted to practice in the U.S. Virgin Islands.
  - b. Certificate of Good Standing from the Territorial or District Court of the Virgin Islands.  
(Attorneys only)
  - c. A favorable tax clearance letter from the V.I. Bureau of Internal Revenue.
  - d. Copy of applicant's social security card.
  - e. Three (3) passport size photographs of the applicant.
  - f. Tax Clearance Letter from the V.I. Bureau of Internal Revenue.

**PLEASE NOTE:**

\*If you were born in a foreign country, you are required to give the date of naturalization or date when permanent resident status was established. Attach a certified copy of documentation for inspection with this application.

\*Upon successful completion of the real estate broker's examination, applicants will be required to pay the license fee for permanent licensure in the Virgin Islands.

\*License expires on December 31<sup>st</sup> of each year and must be renewed prior to expiration.

**I HAVE READ THE ABOVE AND UNDERSTAND THE CONTENT OF SAME.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date