

**Office Use Only:**

Stamp# \_\_\_\_\_

Ref.# \_\_\_\_\_

Effective Date \_\_\_\_\_

REAL ESTATE COMMISSION  
PO BOX-328  
TRENTON, NEW JERSEY 08625

**APPLICATION FOR REAL ESTATE SCHOOL LICENSE FOR NON-PUBLIC SCHOOL**

**Two year Licensing Term**

(Odd years only, from March of odd year)

APPLICATION FEE: \$100.00  
LICENSE FEE: \$400.00  
TOTAL \$500.00

**2<sup>nd</sup> Half of Licensing Term**

(Even years only, from March of even year)

APPLICATION FEE: \$100.00  
LICENSE FEE: \$200.00  
TOTAL \$300.00

**\*Criminal background check required for each person named in SECTION III.  
LIVE SCAN: ELECTRONIC FINGERPRINTING PROCESS**

No personal checks will be accepted. Acceptable forms of payment are certified or cashier's check, money order or school business account check, made payable to the State Treasurer of New Jersey.

**SCHOOL DIRECTORS:** PLEASE CONTACT THE COMMISSION AT 609-940-7391 or [lori.marazzo@dobi.nj.gov](mailto:lori.marazzo@dobi.nj.gov) PRIOR TO SELECTING THE NAME FOR YOUR SCHOOL. YOU MAY NOT ADVERTISE OR CONDUCT COURSES AT ANY LOCATION UNTIL THE SCHOOL HAS BEEN LICENSED. It is recommended that you complete and submit this application, with all supporting documents at least four (4) weeks prior to the date on which you anticipate commencing operations.

**GENERAL INFORMATION**

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
School Director

**ADDRESS OF ADMINISTRATIVE OFFICE**

\_\_\_\_\_  
Street Address of Administrative Office Suite or Room No.

\_\_\_\_\_  
City Zip County Phone

\_\_\_\_\_  
Website Address

Contact Person \_\_\_\_\_ E-Mail \_\_\_\_\_

Will the School be offering Broker Courses: Yes \_\_\_\_\_ No \_\_\_\_\_

PRIMARY TEACHING LOCATION (IF DIFFERENT FROM ABOVE)

\_\_\_\_\_  
Name of Primary Teaching Location

\_\_\_\_\_  
Street Address of Primary Location Suite or Room No.

\_\_\_\_\_  
City Zip County Phone at Location

**II. SCHOOL DIRECTOR INFORMATION**

TO BE COMPLETED BY DIRECTOR APPLICANT  
(Director MUST be licensed as a NJ Real Estate Instructor)

**Criminal background check required for director applicant  
LIVE SCAN: ELECTRONIC FINGERPRINTING PROCESS**

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Home Address Street Apt. No.

\_\_\_\_\_  
City Zip Phone

\_\_\_\_\_  
Social Security No. Date of Birth

\*Disclosure of your Social Security Number is mandatory for child support enforcement purposes. The Commission's authority to compel disclosure of Social Security Numbers is established at P. L. 1996, c.7 and N.J.A.C. 11:5-3.5.

\_\_\_\_\_  
Instructor's Email \_\_\_\_\_

Instructor License Reference No.

**ALL QUESTIONS MUST BE ANSWERED**

1. With the exception of motor vehicle violations, have you ever been convicted of a crime, misdemeanor, or disorderly persons offense in the state of New Jersey, any other state or by the federal government, or are you presently on probation or parole?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Is there a criminal complaint, disorderly persons charge, a criminal accusation or criminal information presently pending against you or are you presently under indictment in New Jersey, any other state or by the federal government, or are you presently enrolled in New Jersey's Pre-Trial Intervention (PTI) program or any similar State or Federal program involving the deferral of the disposition or sentencing in a criminal matter?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you ever had a real estate or other professional license, certification or similar credential revoked, suspended, surrendered in lieu of formal prosecution, or denied in New Jersey or any other state?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you have a child support obligation on which there is an arrearage due that equals or exceeds the amount of child support payable for six months or are you the subject of a child support related warrant, or during the past six (6) months have you failed to provide any court-ordered health care coverage, or have you failed to respond to a subpoena relating to a paternity or child support proceeding?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Are you UNDER the age of 18 at the time of signing this application?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Do you now hold, or have you ever held, ANY license issued by the New Jersey Real Estate Commission?

Yes \_\_\_\_\_ No \_\_\_\_\_

6a. If yes, give the date you were first licensed as a salesperson \_\_\_\_\_ As a broker \_\_\_\_\_ As an instructor \_\_\_\_\_.

7. Has your license or the license of any entity of which you were a broker or owner ever been suspended or revoked or have you ever been fined by the New Jersey Real Estate Commission? Yes \_\_\_\_\_ No \_\_\_\_\_

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

8. List any other professional licenses held and indicate the State in which the license is valid (other than Motor Vehicle Operator's License):

License \_\_\_\_\_ State \_\_\_\_\_ Active \_\_\_\_\_

License \_\_\_\_\_ State \_\_\_\_\_ Active \_\_\_\_\_

License \_\_\_\_\_ State \_\_\_\_\_ Active \_\_\_\_\_

\_\_\_\_\_ Check this area if any answer to questions 1, 2, 3, 4 or 7 is yes and give particulars including a copy of any indictment, judgment of conviction or order of revocation/suspension.

### III. OWNERSHIP

Type of Ownership of School (Check one):

Sole Proprietorship \_\_\_\_\_

Partnership \_\_\_\_\_

Corporation \_\_\_\_\_

Limited Liability \_\_\_\_\_

Other \_\_\_\_\_

If a school is to be conducted under a trade name, whether a sole proprietorship, firm, general partnership, or limited partnership, a true copy of the certificate of trade name or articles of the general or limited partnership as filed in the office of the county clerk and/or a certificate of formation, if applicable, shall accompany this application.

A. If school is owned by a SOLE PROPRIETOR, state name, address and telephone number of owner.

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**NOTE:** A Criminal Background Check is required for this individual (unless the fingerprints were done within the last year.)

**FINGERPRINTING PROCESS:** Information can be found on our website [www.dobi.nj.gov](http://www.dobi.nj.gov) for the Identogo information.

a. If school is owned by a PARTNERSHIP, check one: General \_\_\_\_\_ Limited \_\_\_\_\_

**Provide the following information for all general partners:**

Name & Address	Percentage of Ownership	Indicate if Current or Former NJ licensee	License Ref. #
1. _____ _____ _____	_____ %	_____	_____
Phone # _____			

Name & Address	Percentage of Ownership	Indicate if Current or Former NJ Licensee	License Ref. #
2. _____ _____ _____	_____ %	_____	_____
Day # _____			
Home # _____			
3. _____ _____ _____	_____ %	_____	_____
Day # _____			
Home # _____			

**NOTE:** A Criminal Background Check is required for all of these individuals.

If additional space is needed, please attach separate sheet(s).

If school is owned by a New Jersey CORPORATION, attach a copy of its FILED Certificate of Incorporation.

If the corporation is doing business under a fictitious or alternate name submit a recorded copy of the alternate name certificate.

If not a New Jersey Corporation, attach a copy of the FILED certificate registering this corporation as a foreign corporation authorized to do business in this state.

State names and addresses of all persons who own 5% or more of the corporation's stock and all members of the board of directors and officers, the percentage of ownership held by each, their reference number if currently licensed by this Commission and all positions held (i.e. stockholder, member of board of directors, type of officer, etc.)

Name & Address	Percentage of Ownership	License Ref. #	Position(s) Held
1. _____ _____ _____	_____ %	_____	_____
Phone # _____			
2. _____ _____ _____	_____ %	_____	_____
Phone # _____			
3. _____ _____ _____	_____ %	_____	_____
Phone # _____			

If additional space is needed, please attach separate sheet(s).

**ALL QUESTIONS MUST BE ANSWERED BY A SOLE PROPRIETOR APPLICANT OR WITH RESPECT TO ALL OWNERS OF A CONTROLLING INTEREST, OFFICERS AND MEMBERS OF THE BOARD OF DIRECTORS OF A CORPORATE APPLICANT OR AS TO ALL GENERAL PARTNERS IN A PARTNERSHIP APPLICANT (Owners of 5% or more of the equity of a corporation own a controlling interest.)**

**NOTE: A Criminal Background Check is required for the above individuals.**

1. With the exception of motor vehicle violations, has any such person ever been convicted of a crime, misdemeanor, or disorderly person offense in the state of New Jersey, any other state or by the federal government, or is any such person presently on probation or parole?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Is there a criminal complaint, disorderly persons charge, a criminal accusation or criminal information presently pending against any such person or is any such person presently under indictment in New Jersey, any other state or by the federal government,

or is any such person presently enrolled in New Jersey's Pre-Trial Intervention (PTI) program or any similar State or Federal program involving the deferral of the disposition or sentencing in a criminal matter?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Has any such person ever had a real estate or other professional license, certification or similar credential revoked, suspended, surrendered in lieu of formal prosecution, or denied in New Jersey or any other state?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Does any such person have a child support obligation on which there is an arrearage due that equals or exceeds the amount of child support payable for six months or is any such person the subject of a child support related warrant, or during the past six (6) months has any such person failed to provide any court-ordered health care coverage, or has any such person failed to respond to a subpoena relating to a paternity or child support proceeding?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Is any such person UNDER the age of 18 at the time of signing this application?

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ Check this area if any answer to questions 1, 2, 3, or 4 is yes and give particulars including names of individuals and copy of indictment, judgment of conviction or order of revocation/suspension for all persons who answer any question in the affirmative.

#### IV. LOCATION INFORMATION

Is this a broker office location? Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, a separate entrance for school use only must exist, either from the exterior of the building or from a common foyer or lobby. Students must not be required to walk through the brokerage office area to enter the classroom. See N.J.A.C. 11:5-2.2(x).

**Note: Due to COVID 19 the Commission has given special permission to teach classes **remotely**. No online courses will be allowed.**

I certify that all the information provided on this application and all supporting documents is true. I further certify that the school named herein has the legal right to occupy the site(s) of its administrative office and primary teaching location identified herein and that the said teaching location complies with all applicable federal, state, county and local laws, rules and ordinances applicable to sites at which educational activity is to be carried on. I further certify that I am familiar with the provisions of New Jersey's Real Estate Licensing Law (N.J.S.A. 45:15-1, et seq.) and of the administrative rules promulgated by the New Jersey Real Estate Commission (N.J.A.C.11:5-1, et seq.), particularly those applicable to the operations of licensed real estate schools, and that if licensed, the school named herein will be operated in accordance with those laws and rules. I am aware that the Real Estate Commission will rely on this information when considering this application and that if any of the information is false, I am subject to punishment.

\_\_\_\_\_  
Signature of School Director

\_\_\_\_\_  
Dated

**Please note that a “Universal Form” (background check) and receipt must accompany this application for a sole proprietor and any officer, director, partner or owner of a controlling interest of a corporation, limited liability company or partnership.**

Please mail to the:

New Jersey Real Estate Commission  
Education Bureau  
Attn: Lori Marazzo  
PO Box 328  
Trenton, New Jersey 08625-0328

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*\*Note before submitting please make sure the application is complete by checking the list below before submission or the application will be returned.*

*Check list for application approval process:*

\_\_\_\_\_ *School Name was approved by the Commission prior to submitting application*

\_\_\_\_\_ *Completed application with fee*

\_\_\_\_\_ *School policy with “easy out clause” for students who may for some reason cannot complete the course.*

\_\_\_\_\_ *If school is in Broker’s office a floor plan for the school is submitted.*

\_\_\_\_\_ *Fingerprints of all Director’s/Owner’s (If applicable)*

\_\_\_\_\_ *Lease Agreement*

\_\_\_\_\_ *Certified Copy of the certificate of incorporation (If school is conducted under trade name a true copy of certificate of trade Name must accompany application.*