

Louisiana Real Estate Commission
State of Louisiana
Office of the Governor

JEFF LANDRY
GOVERNOR



TAYLOR F. BARRAS
COMMISSIONER OF ADMINISTRATION

**Initial Real Estate Broker License Application
for Corporations/Partnerships/Limited Liability Companies**

Complete this form to apply for a Corporation, Partnership, of Limited Liability Company Broker License. Read the instructions carefully, as certain requirements may require additional submissions. Personal checks, company checks, cashier's checks, and money orders are accepted. Make fees payable to the Louisiana Real Estate Commission. Please do not send cash through the mail. Notify the Louisiana Real Estate Commission of any disability that may require special accommodations, auxiliary aids, or services with regard to the application process.

Initial license fee.....\$120.00
Recovery Fund fee.....\$10.00
Application Processing fee\$25.00
TOTAL\$155.00

FOR LREC USE ONLY

Prorated Errors and Omissions Premium Schedule: Errors and Omissions Insurance premiums are not included in the total application fee. Applicants that elect to participate in the LREC group errors and omissions insurance program must ADD the appropriate premium to the total amount remitted. Applicants electing to obtain equivalent errors and omissions insurance coverage in lieu of the group policy shall submit the Certification of Independent Coverage form before a license will be issued.

Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec
\$149	\$137	\$125	\$114	\$102	\$90	\$78	\$66	\$54	\$43	\$31	\$19

TYPE OF LICENSE FOR WHICH YOU ARE APPLYING:

☐ Corporation ☐ Partnership ☐ Limited Liability Company

1. GENERAL INFORMATION:

An Employer Identification Number (EIN) is also known as a federal tax identification number and is used to identify a business entity such as a Corporation, Partnership, or Limited Liability Company.

Enter employer identification number here → _____

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The name used by a Corporation, Partnership, or Limited Liability Company must be registered with the Secretary of State, and a copy of said registration must be submitted with this application.

Registered name of Corporation, Partnership, or Limited Liability Company:

2. PREFERRED MAILING ADDRESS AND DAYTIME TELEPHONE NUMBER:

Street Number or P.O. Box _____

City, State, Zip _____

Parish/County _____

Daytime Phone Number _____

Email Address _____

3. BUSINESS PHYSICAL ADDRESS AND TELEPHONE NUMBER: ☐ Same as mailing address

Street Number _____

City, State, Zip _____

Parish/County _____

Daytime Phone Number _____

4. REGISTERED AGENT FOR SERVICE OF PROCESS:

Name _____

Preferred Mailing Address _____

City, State, Zip _____

Parish/County _____

Daytime Phone Number _____

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5. OFFICERS, DIRECTORS, PARTNERS, MANAGERS, AND PRINCIPLES:

List the names of the officers, directors, partners, managers, and principles who will actively participate in the real estate business activities of the Corporation, Partnership, or Limited Liability Company in Louisiana. Use a separate sheet, if necessary.

- | | | |
|----------|---------------------------------|--------------------------------------|
| a. _____ | ☐ Broker | ☐ Salesperson |
| b. _____ | ☐ Broker | ☐ Salesperson |
| c. _____ | ☐ Broker | ☐ Salesperson |

6. DESIGNATED QUALIFYING BROKER:

The Designated Qualifying Broker is the real estate licensee authorized to apply for a Louisiana Real Estate Broker License on behalf of and in the name of the herein named Corporation, Partnership, or Limited Liability Company. The Designated Qualifying Broker shall be the licensee's representative in all matters relating to its real estate license activities in Louisiana and in all matters before the Louisiana Real Estate Commission.

Name: _____ License Number: _____

On behalf of the Corporation, Partnership, or Limited Liability Company: (select only one option)

- ☐ I elect to participate in the Louisiana Real Estate Commission group errors and omissions insurance policy coverage, and I have enclosed the required premium.
- or*
- ☐ I elect to obtain independent errors and omissions insurance coverage in lieu of the group policy and have attached the Verification of Independent Insurance Coverage Form prescribed by the Louisiana Real Estate Commission.

The following two boxes must be checked and corresponding documents attached for form to be valid:

- ☐ I have attached the registration certificate issued by the Secretary of State to the Corporation, Partnership, or Limited Liability Company.
- ☐ I have attached a resolution executed by a principal of the Corporation, Partnership, or Limited Liability Company that designates a licensed individual real estate broker as the Qualifying Broker and that the intent of the company is to conduct real estate activity.

The following box is optional, but if checked the corresponding document must be attached:

- ☐ I have attached a copy of the trade name and/or trademark registration certificate issued by the Secretary of State to the Corporation, Partnership, or Limited Liability Company.

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CERTIFICATION AND ACKNOWLEDGEMENT

I hereby certify that all and singular the facts set forth in the foregoing instrument are true and correct.

Signature of Designated Qualifying Broker: _____

Print Name: _____ Date: _____