

Rocky Mountain Relocation and Referral Network

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Application for Membership

Application Requirements

- Must be at least 18 years of age
- Must have completed 10th grade from an accredited high school or equivalent
- Must be eligible for an active Montana Real Estate License

Name: First _____ Middle _____ Last _____

Mailing Address: _____ Birth Date: _____

City: _____ State _____ Zip _____

Email: _____ Website: _____

Phone: Home _____ Work: _____ Cell: _____

Preferred Prudential Montana RE Agent(s) to receive my referrals: _____

Current Real Estate License Status

- I am not currently licensed and have not started my required course work.
- I have completed the required 60 hours pre-licensing course within the past 12 months
- I have passed the pre-licensing exam but have not made application for a Montana License
- I have an inactive Montana Real Estate License
- I have an inactive Real Estate License in another state _____
- I have an active Montana Real Estate License
If yes, My Current Broker is _____/Company: _____
- I have an active Real Estate License in another state _____
If yes, My Current Broker is _____/Company: _____
If you hold a license in additional states, please attach the information

Educational Background:

High School: _____

Location: _____ Graduation Date: _____

Technical School or College: _____

Location _____ Years Completed: _____

Area of Interest: _____ Graduation Date: _____

Post Graduate Education: _____

Location _____ Years Completed: _____

Area of Interest: _____ Graduation Date: _____

Past 5 Years Employment

Date: From _____ To: _____ Employer: _____

Duties: _____

Date: From _____ To: _____ Employer: _____

Duties: _____

Date: From _____ To: _____ Employer: _____

Duties: _____

Date: From _____ To: _____ Employer: _____

Duties: _____

Date: From _____ To: _____ Employer: _____

Duties: _____

The following questions are required for a Montana Real Estate License. Please answer all questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a supplement sheet.

- 1. Have you ever been denied the right to take a licensure examination in any state? Yes No
- 2. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)? Yes No
- 3. Has your license (certificate) ever been forfeited or surrendered? Yes No
- 4. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? Yes No
- 5. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession? Yes No
- 6. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? Yes No
- 7. Have you ever been charged with or convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16th birthday. Yes No
- 8. Have you ever been charged with fraud, formally or informally, in any civil proceeding? Yes No
- 9. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? Yes No
- 10. Have you, within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession? Yes No

Applicant Signature: _____ Date: _____

Approved by: _____ Date: _____