



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
REAL ESTATE COMMISSION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR REINSTATEMENT OF REAL ESTATE LICENSE INSTRUCTION SHEET

When to File Reinstatement Application

- If your former Delaware license is in *Lapsed-Must Reinstate status*, you must apply to reinstate it in order to resume practicing in Delaware. You can check the status of your license at [Search & Verify License Online](#).
- If your license is in *inactive status* and you wish to return it to *active status*, do **not** complete this form. Instead, submit the [Request for Reactivation](#).

Type of Licensure

If your former Delaware license number begins with R1, R2, R3, R4, the type of license you formerly held was replaced by new license types as a result of legislation effective 2/3/2012.

- If the former license number begins with R1 or R2, your reinstated license, if approved, will be either a Broker or Associate Broker.
 - A **Broker** is primarily responsible for the day-to-day management and supervision of a brokerage organization [24 Del. C. § 2907\(d\)](#). This is commonly referred to as a “broker of record.”
 - An **Associate Broker** does **not** have primary responsibility for day-to-day management and supervision of a brokerage organization.
- If the former license number begins with R3 or R4, your reinstated license, if approved, will be a Salesperson.

Requirements for All Applications

- Submit a completed, signed and notarized [Application for Reinstatement of Real Estate License](#).
- Enclose the non-refundable [reinstatement fee](#) by check or money order made payable to “State of Delaware.”
- If you are reinstating a Salesperson or Associate Broker license, arrange for Broker of Record to sign the *Statement of the Broker* in the **OFFICE INFORMATION** section.
- If you are working for an office outside Delaware, arrange for the Commission office to receive a current Certificate of Licensure History sent *directly* to the Commission office from the jurisdiction (state, U.S. territory or District of Columbia) where your office is located.
- Enclose copies of completion certificates for the required amount of continuing education (CE) due. Contact the Commission office for the amount required.
 - See Section 13.0 of the Commission's [Rules and Regulations](#), available at <https://www.dpr.delaware.gov/>, for information on acceptable CE and mandatory requirements.
- Arrange for the Commission office to receive a certificate of licensure history to be sent *directly* to the Commission office from **each** jurisdiction (state, U.S. territory or District of Columbia) where you have ever held any kind of real estate license.
 - The certificate(s) must be dated within 30 days of the application.

- If applying for reinstatement as a Broker, use this table to decide what documentation of your office responsibility is required:

IF the office for which you will be responsible is a(n)...	THEN...
new Delaware office	submit an Application for Real Estate Office Permit . See also Real Estate Office .
established Delaware office	submit a letter signed by the current Broker naming you as the replacement Broker for the office. If you are unable to obtain a letter from the current Broker, submit a letter of explanation.
new or established office in another jurisdiction	no additional documentation is required. However, your certificate of licensure history must show the name of the office connected to your current license in another jurisdiction.

- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Examination Requirement for Some Applications

When you have submitted all of the documentation required above, the Commission will review your application and documentation to determine whether you meet the requirements. If approved, the Commission office will notify you.

Whether or not you have to re-take and pass any portion(s) of the examination depend on how long your license was lapsed. See table below.

IF you file the reinstatement application...	THEN you...	AND the Commission office will issue your reinstated license...
within six months of the license expiration date	do not need to re-take any portion of the examination.	following the Commission's approval.
more than six months but less than two years after the license expiration date	<ul style="list-style-type: none"> • must re-take and pass the Delaware law portion • submit the original score report from Pearson VUE to the Commission office. 	when the score report showing you passed is received.
two or more years after the license expiration date	<ul style="list-style-type: none"> • must re-take and pass <i>both</i> the general and Delaware law portions of the examination • submit the original score report from Pearson VUE to the Commission office. 	



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
REAL ESTATE COMMISSION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR REINSTATEMENT OF REAL ESTATE LICENSE

TYPE OF LICENSURE

1. Enter your former Delaware license number: R ___ - _____

If the license number above begins with R1, R2, R3, or R4, the type of license you formerly held was replaced by new license types as a result of legislation effective 2/3/2012.

- *If the number above is an R1 or R2, your reinstated license, if approved, will be either a Broker or Associate Broker. Continue with the next question.*
- *If the number above begins with R3 or R4, your reinstated license, if approved, will be a Salesperson. Skip to the IDENTIFYING AND CONTACT INFORMATION section.*

2. Select the item that describes your situation:

- Associate Broker – I am **not** responsible for day-to-day management and supervision of a brokerage organization.
- Broker – I am primarily responsible for the day-to-day management and supervision of a brokerage organization. Check the statement that applies to you:
- New Delaware Office – I will be responsible for a new real estate office located in Delaware. **Submit an [Application for Real Estate Office Permit](#) for the office.**
- Established Delaware Office - I will be responsible for an established real estate office located in Delaware. Enter the office's Delaware permit number: R ___ - _____ **Submit a letter from the office's current Broker naming you as the replacement Broker or a letter explaining why you cannot obtain a letter from the current Broker.**
- Office in Other Jurisdiction – I am (or will be) responsible for a real estate office located outside Delaware.

IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.

3. Full Name: _____
Last/Family First Middle

4. Other Names Used: None _____
(Include maiden, prior married, alternate spellings)

5. Date of Birth (month/day/year): _____ Gender: Male Female

6. Have you been issued a U.S. Social Security Number? Yes No **If yes, enter your SSN:** _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

7. **Personal** Mailing Address: _____
We will mail correspondence other than your license to this address. We will send your license to the office address

City State Zip

8. Phone: _____ Email: _____ None
daytime evening or cell

OFFICE INFORMATION – All applicants complete this section.

9. Enter the following information about the real estate office where you will be employed:

Business Name: _____

Office Address: _____
We will send your license to this address and all other correspondence to the personal mailing or email address in Question 7.

City State Zip

10. Are you are reinstating a Salesperson or Associate Broker license? Yes No

- If no, skip to the **BROKER OF RECORD** section.
- If yes, arrange for the broker of record for the above office to complete and sign the following statement. Then, skip to the **EXPLANATION OF NON-RENEWAL** section.

STATEMENT OF BROKER OF RECORD
Print Broker of Record Name: _____
Delaware Real Estate License: RB- _____
I affirm that the applicant named above will be affiliated with my office as a real estate associate broker upon issuance of his or her license.
BROKER OF RECORD SIGNATURE: _____ Date: _____

BROKER OF RECORD – Only persons applying for reinstatement as a broker of record complete this section.

11. I certify that I am responsible for the day-to-day management and supervision of the office named in the **OFFICE INFORMATION** section above, as required by [24 Del. C. § 2907\(d\)](#). Yes No

12. Have you complied and will you continue to comply with the escrow account provisions as required by [24 Del. C. §2923\(a\)](#) and in Section 6.0 of the Commission's [Rules and Regulations](#)? Yes No

EXPLANATION OF NON-RENEWAL – All applicants complete this section.

13. Explain why you did not renew this license on time. If you need more room, enclose a letter.

LICENSURE AND PRACTICE HISTORY – All applicants complete this section.

14. Have you ever held a license to practice real estate in a jurisdiction other than Delaware? Yes No If yes, list all jurisdictions where you have ever held a license:

JURISDICTION	LICENSE NUMBER	IS THIS LICENSE CURRENT?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Arrange for a certificate of licensure history to be sent *directly* to the Commission office from *each* jurisdiction listed above.

DISCLOSURES – All applicants complete this section.

15. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes No If yes, submit a signed letter of explanation and documentation of the final disposition.

16. Are any criminal charges pending against you? Yes No **If yes, enclose a complete explanation and any documentation related to the charges.**
17. Have you received any administrative penalties (disciplines), including but not limited to fines, formal reprimands, license suspension or revocation, and probationary limitations? Yes No **If yes, arrange for the jurisdictions to send information about the disciplinary action directly to the Commission office.**
18. Have you entered into a consent agreement that places conditions on your professional conduct or practice, including any voluntary surrender of license? Yes No **If yes, arrange for the jurisdictions to send information about the disciplinary action directly to the Commission office.**
19. Are any disciplinary proceedings or unresolved complaints concerning your practice of real estate pending against you at present? Yes No **If yes, arrange for the jurisdictions to send information about the disciplinary action directly to the Commission office.**
20. Do you have any impairment related to drugs or alcohol that would limit your ability to undertake the practice of real estate in a manner consistent with the safety of a patient or the public? Yes No **If yes, submit a letter explaining fully. Include copies of all appropriate records.**

If your application requires Commission review, the Commission office must receive all of these items no later than 4:30 PM ten full working days before the Commission's meeting date:

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow 4-6 weeks to receive your license.

AFFIDAVIT

I certify that the information in this application is complete and true. I understand that the intentional inclusion of false or fraudulent information in this application, or the material omission of information which might have a bearing on licensure, may result in the denial of licensure and will be reported to the Attorney General for further action.

If I am applying for licensure in an office located outside of Delaware, I give irrevocable consent that legal action may be commenced against me in the proper court of any county of the State of Delaware as required by Chapter 29, Title 24, Section 2909 of *The Delaware Code*.

Signature of Applicant: _____ **Date:** _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2____.

Notary Signature: _____

SEAL

My commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.