Phone Number: 1-833-367-2762 Fax Number: 717-787-0250 www.dos.pa.gov/estate

BROKER APPLICANT RECOMMENDATIONS

This document is to be submitted to the Commission in conjunction with an initial application for a Broker's license. If you currently hold an active license as a broker in the Commonwealth of Pennsylvania, you do not need to submit these recommendations.

Applicant's Name:		
Applicant's Social Security Number	:	
applicant bears a good reputation	e broker in the state of Pennsylvania, do hereby for honesty, trustworthiness, integrity, and com ker's license/cemetery broker's license be grante	petency, and I
(Broker's Signature)	(Broker's License Number)	(Date)
(Broker's Address)		
	ENDATION county, real estate own that the applicant bears a good reputation for ho	
(Real Estate Owner's Signature)	(Real Estate Owner's Address)	(Date)
(Real Estate Owner's Signature)	(Real Estate Owner's Address)	(Date)

YOU MAY NOT PRACTICE UNTIL THE COMMISSION ISSUES YOUR LICENSE