

EQUIVALENT EXPERIENCE VERIFICATION

RE 227 (Rev. 1/02)

Note:

This form is for *unlicensed* real estate experience only.
Please read instructions below before completing this form.

Instructions

- Submit this form with a completed Broker Examination Application (RE 400B) and the proper fee for the broker examination.
- Read carefully before completing and signing this form.
- Type or print clearly in ink.
- Poor photocopies (distorted, light, etc.) or illegible fax copies are not acceptable.
- If you electronically re-create this form to facilitate completion on a computer, please be advised that the form should not be altered in any manner. To do so, could result in disciplinary action. Also, please make certain you do not delete any preprinted information and are using the latest version of the form.

Equivalent Experience

An applicant for the broker examination who has not been a licensed real estate salesperson may be eligible for the examination provided the applicant has acceptable equivalent experience. Regardless of the experience, the statutory real estate courses are required and do not qualify as part of the experience. Refer to the *Instructions To License Applicants* brochure for types of equivalent experience that are acceptable.

To make a proper evaluation of the applicant's equivalent experience, this form must be completed in full and properly signed. If a detailed description of the applicant's experience is not provided, the experience evaluation may be delayed.

- **Two signatures are required on each form** (i.e., employers, associates, or other person verifying applicants experience).
- Submit *one* form for *each* job performed and/or company employed by.

Example:

Three forms would be required for the following experience:

- 3 years as an escrow officer for Company A
- 2 years as an escrow officer for Company B
- 5 years as a loan officer for Company B

EQUIVALENT EXPERIENCE

1. APPLICANT'S NAME — LAST, FIRST & MIDDLE

2. APPLICANT'S RESIDENCE ADDRESS — STREET ADDRESS, CITY, STATE, & ZIP CODE

3. TYPE OF EQUIVALENT EXPERIENCE CLAIM

4. APPROXIMATE VOLUME OF ACTIVITY COMPLETED WHILE PERFORMING IN THE ABOVE CAPACITY?

5. APPROXIMATE EARNINGS

6A. DETAILED DESCRIPTION OF RESPONSIBILITIES (ATTACH EXTRA SHEETS IF NECESSARY.)

6B. Were you employed by a California Finance Lender (CFL) licensed by the Department of Corporations? Yes No
If YES, provide the CFL license number.

7. WORK TIME DEVOTED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	8. APPROX. HOURS PER WEEK	9. CONTINUOUS EMPLOYMENT CERTIFICATION (MM/DD/YY) FROM	TO
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Continued on reverse side.

Certification

We, the undersigned, hereby certify to the nature and scope of the applicant's activities as indicated above.

Certifier #1	CERTIFYING SIGNATURE »»	DATE
	PRINTED NAME OF SIGNER	TITLE
	COMPANY OR CORPORATION NAME (IF ANY)	
	BUSINESS ADDRESS	BUSINESS TELEPHONE NUMBER
	Was the applicant employed by this company or you during the period indicated above? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, attach an explanation of how you are aware of this experience. Do you hold a California real estate license? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, list the identification number.	
Certifier #2	CERTIFYING SIGNATURE »»	DATE
	PRINTED NAME OF SIGNER	TITLE
	COMPANY OR CORPORATION NAME (IF ANY)	
	BUSINESS ADDRESS	BUSINESS TELEPHONE NUMBER
	Was the applicant employed by this company or you during the period indicated above? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, attach an explanation of how you are aware of this experience. Do you hold a California real estate license? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, list the identification number.	