



Department of Commerce

Division of Real Estate & Professional Licensing

Ted Strickland, Governor 77 South High Street, 20th Floor
Kimberly A. Zurz, Director Columbus, Ohio 43215-6133 U.S.A.

Please visit our website at www.com.ohio.gov/real

614 | 466-4100
Fax 614 | 644-0584
TTY/TDD: 800 | 750-0750

RENEWAL APPLICATION WITH EDUCATION COMPLIANCE FORM

BROKER RENEWAL FEE: \$180
SALESPERSON RENEWAL FEE: \$135

Online Renewal:

- Go to www.com.ohio.gov/real
Click eLicense Center under the Online Services heading.
Choose the Renew Your Real Estate License link.
Click the Login button to sign-on to our secure site and login using your User ID and password.
Answer the Ethical Conduct and Legal History questions.
Pay your renewal fee online using a Visa or MasterCard. Credit card information may not be taken over the telephone.
Print out the receipt page for your records.
Send a Continuing Education Compliance Form and continuing education certificates to the address below by your due date.
Mail to: Ohio Division of Real Estate & Professional Licensing
77 S. High Street, 20th floor
Columbus, Ohio 43215-6133

Note: If Online Renewal is unavailable, it is the licensee's obligation to make certain the renewal is timely filed.

Mail-In Renewal:

- Complete the Renewal Application and the Continuing Education Compliance form and attach the proof of completion certificates, if applicable.
Answer the Ethical Conduct and Legal History questions.
Sign the Renewal Application (page 1) and the Continuing Education Compliance form (page 3).
Return the forms and education certificates, along with the renewal fee, to the Division. Make the check or money order payable to Ohio Division of Real Estate. Cash will not be accepted.
Mail to: Ohio Division of Real Estate & Professional Licensing
77 S. High Street, 20th floor
Columbus, Ohio 43215-6133

RENEWAL REMINDERS:

- The Renewal Application and Education Compliance Form will not be accepted earlier than 60 days before your due date.
If this is your first birthday since becoming licensed, your renewal is due, but not your 30 hours of continuing education.

I am renewing my (check one) BROKER LICENSE (\$180) FILE NUMBER:
SALESPERSON LICENSE (\$135) FILE NUMBER:

Form with fields for FIRST NAME, MIDDLE NAME, LAST NAME, DATE OF BIRTH, HOME ADDRESS, HOME PHONE, CITY, STATE, ZIP CODE + 4, and E-MAIL ADDRESS.

ETHICAL CONDUCT AND LEGAL HISTORY

- PLEASE ATTACH A COMPLETE EXPLANATION FOR ANY QUESTIONS ANSWERED "YES."
QUESTIONS CONCERNING PROFESSIONAL LICENSES APPLY TO ALL PROFESSIONAL LICENSES REGARDLESS OF PROFESSION.

SINCE your most recent filing of an application for Ohio real estate licensure, renewal or transfer/reactivation application, have you:

- YES NO been disciplined in any manner by any public entity or professional or trade association for any violation of any professional licensing law, regulation or ethical rule?
YES NO been refused or denied any professional license or registration by any public entity?
YES NO had any professional license revoked, suspended or limited in any way for any reason?
YES NO been notified by any public entity or professional or trade association that you were under investigation for any violation of any professional licensing law, regulation or ethical rule?
YES NO been the subject of any unsatisfied judgments?
YES NO been convicted of, plead guilty to or been granted intervention in lieu of conviction for any unlawful conduct excluding minor traffic violations? LIST:

THE APPLICANT MUST COMPLETE THE FOLLOWING CERTIFICATION

I certify that all of the statements on this application and all of the attached materials are complete and accurate. I understand that any false statement on this form or any attached materials may subject me to criminal prosecution and the loss of my Ohio real estate license.

## REAL ESTATE CONTINUING EDUCATION COMPLIANCE FORM

**Proof of Continuing Education Compliance may not be submitted earlier than 60 days before the due date.**

Each licensee shall submit proof to the superintendent that the licensee has satisfactorily completed thirty (30) hours of continuing education, including the three required courses in **Civil Rights, Core Law, and Canons of Ethics**.

Each licensee who is seventy (70) years of age or older within a continuing education reporting period shall submit proof that the licensee has completed a total of nine (9) hours of continuing education, including the three required courses in **Civil Rights, Core Law, and Canons of Ethics**. A licensee who is seventy (70) years of age or older during the reporting period whose license is in inactive status is exempt from the continuing education requirements specified in this section.

- Enter your name and File Number (license number).
- List each course completed and enclose a copy of the attendance certificate to verify state certification and date of offering. Sign and Date Page 3.
- **Carry-Over Hours:**
  - List carry-over hours from your last reporting period, which you are using for credit this period, under ELECTIVES.
  - List hours that you took this reporting period that you wish to carry-over to the next reporting period (up to 10 hours) in the CARRY-OVER section on page 3.

### THE APPLICANT MUST COMPLETE THE FOLLOWING CERTIFICATION

I certify that all of the statements on this application and all of the attached materials are complete and accurate. I understand that any false statement on this form or any of the attached materials may subject me to criminal prosecution and the loss of my Ohio real estate license. I attest that I did, in fact, attend the courses listed for at least 90 percent of the time indicated.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**LICENSEE NAME**

**LICENSEE FILE NUMBER**

**CIVIL RIGHTS COURSE (MINIMUM 3 HOURS)**

COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	

**CORE LAW COURSE (MINIMUM 3 HOURS)**

COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	

**CANONS OF ETHICS COURSE (MINIMUM 3 HOURS)**

COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	

**ELECTIVES**

COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	
COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	
COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	
COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	
COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	
COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	

**ADDITIONAL SPACE IS PROVIDED ON PAGE 3**

COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	
COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	
COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	

**TOTAL HOURS FROM PAGES 2 & 3 (MUST = 30)**  
 (Total hours for licensees over 70 years of age must = 9 )

**LIST UP TO TEN HOURS OF CARRY-OVER EDUCATION BELOW.** If you did not use all of the hours of the last class listed above to reach the 30 total hours, list that class first here with any of the carry over hours.

COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	
COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	
COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	
COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	
COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	
COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	
COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	

**TOTAL CARRY OVER HOURS**

**NOTICE:** This application and the information contained therein, except for the social security number, is public record pursuant to Ohio Revised Code 149.43.  
**NOTICE:** Refusal of check payment by the drawer's bank may result in a \$100 fee to the superintendent or rejection or withdrawal of approval of this application.