



CERTIFICATE OF LICENSURE REQUEST

NORTH DAKOTA REAL ESTATE COMMISSION

200 East Main Avenue, Suite 204

PO Box 727

Bismarck ND 58502-0727

Phone: 701-328-9749

Fax: 701-328-9750

Web Site: www.realestatend.org

FOR OFFICIAL USE ONLY

Date mailed: _____

Receipt No. _____

Date posted: _____

CERTIFICATE OF LICENSURE FEE - \$10.00

SECTION A LICENSEE INFORMATION

I am requesting a Certificate of Licensure regarding the following North Dakota real estate licensee:

Name of licensee as it appears on the license:

License #

SECTION B ORDER

Number of Certificates:

Fee : \$10 each _____ X \$10 = \$ _____

SECTION C DELIVERY

Send the original Certificate of Licensure to the real estate licensing agency in the state of _____

Send the original Certificate of Licensure to me at this address:

Please update Agency records
With the personal mailing address.

Signature: _____ Date: _____

Return completed, signed form with check or money order payable to:

North Dakota Real Estate Commission

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