



The Commonwealth of Massachusetts Division of
Occupational Licensure
1 Federal Street – Suite 0600 – Boston, MA, 02110
www.mass.gov/dpl/boards/re
BOARD OF REGISTRATION OF REAL ESTATE BROKERS AND SALESPERSONS

BROKER EXPERIENCE CERTIFICATION

To be completed in its entirety by the employing broker only.

Salespersons Name _____	
Candidate's Massachusetts Salesperson License Number _____	

Broker Certification

I, the undersigned Massachusetts licensed broker, certify that the above-named salesperson was actively affiliated with and supervised by me as a Massachusetts licensed salesperson for at least twenty-five (25) hours per week.

The applicant completed _____ qualifying weeks of affiliation between:

Beginning Date: _____ (MM/DD/YYYY)

Ending Date: _____ (MM/DD/YYYY)

I certify that:

- ☐ I held an active Massachusetts broker license during the entire period certified above.
- ☐ The applicant was actively affiliated with me during the period certified above.
- ☐ The weeks reported include only those weeks during which the applicant worked a minimum of twenty-five (25) hours per week.
- ☐ No weeks have been included during any period in which my broker license was inactive, expired, suspended, revoked, surrendered, or otherwise not in active status.
- ☐ The information provided herein is true and accurate to the best of my knowledge.

Applicants for broker licensure must demonstrate a minimum of one hundred fifty-six (156) qualifying weeks (three years) of affiliation as a Massachusetts licensed salesperson under the supervision of a Massachusetts licensed active broker.

Broker Signature: _____

Date Signed: _____

Broker Name (Print): _____

Broker License Number: _____

Telephone Number: _____

Email Address: _____

For Corporations, Partnerships, LLPs, and LLCs Only

Only the Broker of Record may endorse this certification.

Firm Name: _____

Firm License Number: _____