

OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION
200 ST. PAUL PLACE, 16TH FLOOR, BALTIMORE, MARYLAND 21202
Phone: 410-576-6573 Toll Free: 877-259-4525 Fax: 410-576-6566

**APPLICATION FOR REGISTRATION
AS A HOME BUILDER SALES REPRESENTATIVE
IN THE STATE OF MARYLAND**

Please answer each question clearly and completely. Please type or print in ink. If you need more space for any question, please answer on a separate page, number your answer, and attach it to the application.

Every question must have a response. If there is no responsive information to a question, please write NONE or N.A. after the question (for example, if you do not have an e-mail address).

Should you need extra forms, you may go to the web page at www.oag.state.md.us/homebuilder.

The registration will last for two years. A renewal notice will be sent to the home builder sales representative's last known address at least 60 days before the registration expires.

The fee for registration as a Home Builder Sales Representative is \$300.00. Payment in full must accompany this application. **Make the check or money order payable to the Office of the Attorney General. This payment is non-refundable.**

You must provide this office with any future changes to the information provided in this application within 10 working days of the changes taking effect.

1. (a.) Full legal name of the Registrant:

2. Registrant's business address: _____
(City, State, Zip & County)

Mailing address (if different): _____

3. Registrant's daytime telephone number: _____

4. Registrant's fax number: _____

5. Registrant's e-mail address: _____

Please use an e-mail address that we can use to communicate with you.

6. Registrant's social security number: _____

7. Does the registrant hold a real estate or other similar license in Maryland or another state or jurisdiction?

No

Yes. If yes, please list the state(s) and/or other jurisdiction(s), in which the registrant holds a real estate or other similar license, the type of license and the license number.

State/Jurisdiction	Type of License	License Number
_____	_____	_____
_____	_____	_____

8. Has the registrant had a similar registration or license (including a Maryland Real Estate license) denied, suspended, or revoked in Maryland or another state or jurisdiction?

- No
- Yes. If yes, please list the state, date, and reason for denial, suspension or revocation.

State	Date	Reason
_____	_____	_____
_____	_____	_____

9. Registrant's Employer: (if more than one employer, please attach additional employer sheet provided on page 6)

A. Business Name: _____

Address: _____

Telephone: _____ MHBR# _____

B. Registrant's Employer does not have a MHBR# because the employer only erects or constructs solely in Montgomery County

Employer's Montgomery County Registration# _____

10. Does the registrant have any existing unsatisfied judgments, arbitration awards and/or tax liens?

- No
- Yes. If yes, please list each of the unsatisfied judgment(s), arbitration award(s) or tax lien(s) existing against the registrant and complete a **Legal Proceedings Form** for each.

11. Does the registrant have any pending lawsuits and/or arbitration proceedings involving consumers?

No

Yes. If yes, please list the lawsuit(s) and/or arbitration proceeding(s) and complete a **Legal Proceedings Form** for each.

12. Does the registrant have any pending lawsuits or criminal proceedings that relate to the registrant's activities as a sales representative?

No

Yes. If yes, please list the lawsuit(s) and/or criminal proceeding(s) and complete a **Legal Proceedings Form** for each.

13. Has the registrant ever filed for bankruptcy or been the subject of a bankruptcy or insolvency proceeding?

No

Yes. If yes, please submit a copy of the bankruptcy petition and schedules and the discharge documents (if granted).

OATH OF HOME BUILDER SALES REPRESENTATIVE REGISTRANT

I, _____, hereby certify, upon personal knowledge and
(Name)
under penalty of perjury, that the information provided in this application and all of its attachments
is complete, accurate and true.

I also understand that I am under a continuing obligation to notify the Consumer Protection Division
of any future changes to the information provided in this application within 10 working days of the
changes taking effect.

Dated: _____

Signature: _____

Registrant's Employer:

- A. Business Name: _____
Address: _____
Telephone: _____ MHBR# _____
- B. Registrant's Employer does not have a MHBR# because the employer only erects or constructs solely in Montgomery County
Employer's Montgomery County Registration# _____

Registrant's Employer:

- A. Business Name: _____
Address: _____
Telephone: _____ MHBR# _____
- B. Registrant's Employer does not have a MHBR# because the employer only erects or constructs solely in Montgomery County
Employer's Montgomery County Registration# _____

Registrant's Employer:

- A. Business Name: _____
Address: _____
Telephone: _____ MHBR# _____
- B. Registrant's Employer does not have a MHBR# because the employer only erects or constructs solely in Montgomery County
Employer's Montgomery County Registration# _____

9/1/08