



350, 4954 Richard Road SW, Calgary, AB T3E 6L1
 Phone: (403) 228-2954 or 1-888-425-2754
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REQUEST FOR AUTHORIZATION, EDUCATION AND DISCIPLINARY HISTORY

****This form is to be used where an individual is requesting their own personal information****

A. INFORMATION OF PERSON MAKING THE REQUEST

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms	Last name	First name	Middle name(s)
Brokerage name (if applicable)		Phone number	
Industry sector <input type="checkbox"/> Real Estate <input type="checkbox"/> Mortgage <input type="checkbox"/> Real Estate Appraisal			
Licence category <input type="checkbox"/> Brokerage <input type="checkbox"/> Associate <input type="checkbox"/> Associate Broker <input type="checkbox"/> Broker <input type="checkbox"/> Candidate <input type="checkbox"/> Appraiser			

B. INFORMATION BEING REQUESTED *(check all that apply)*

- Authorization History
 (this will include any brokerage with which the subject industry member has been authorized as well as the dates of authorization for each brokerage)
- Education History
 (this will include a complete list of all education courses completed by the subject industry member and the dates on which those courses were completed)
- Disciplinary History
 (this will include a list of any past disciplinary outcomes where the subject industry member was the subject of disciplinary proceedings, including Letters of Reprimand, Administrative Penalties, Consent Agreements, Hearing Panel decisions, and Appeal Panel decisions)

C. WHERE THE INFORMATION SHOULD BE SENT

Send originals of the licensing and registration history, education and/or disciplinary history to *(check one)*

<input type="checkbox"/> Regulatory body	Contact/name of organization	Mailing address
<input type="checkbox"/> Other organization	Contact/name of organization	Mailing address
<input type="checkbox"/> I am the recipient	Mailing address	
<input type="checkbox"/> Email address: _____		

D. ACKNOWLEDGEMENT

I consent to the Real Estate Council of Alberta's collection, use and disclosure of my personal information for the purposes of responding to the request for authorization, education and/or disciplinary history. I am aware that I will be responsible for any costs associated with providing such authorization, education and/or disciplinary history.

Signature

E. PAYMENT

Amount: \$25 administration fee + \$0.50 per page for photocopying

Method of payment:

VISA

MasterCard

Cheque

Cheque Number _____

Other (cash, money order, debit, etc.)

Amount paid: _____

Credit card number

Credit card expiry date

Name on card

Authorized signature