



**REQUEST FOR AUTHORIZATION
AND DISCIPLINARY HISTORY**

****This form is to be used where a third party is requesting information about another individual ****

A. INFORMATION OF PERSON MAKING THE REQUEST

<input type="checkbox"/> Mr.	Last name	First name	Middle name(s)
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms			
Business/organization		Phone number	
Reason for request			
<input type="checkbox"/> Licence reciprocity <input type="checkbox"/> Employment reference <input type="checkbox"/> Other (please describe): _____			

B. ABOUT WHOM IS INFORMATION REQUESTED

<input type="checkbox"/> Mr.	Last name	First name	Middle name(s)
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms			
Brokerage full name <i>(if known)</i>			
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			

C. 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)

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)

D. WHERE THE INFORMATION SHOULD BE SENT

Send originals of the authorization, 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
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<input type="checkbox"/> Email address: _____

E. ACKNOWLEDGEMENT

I am aware that I will be responsible for any costs associated with providing such authorization, education and/or disciplinary history.

Signature

F. PAYMENT

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

Method or payment: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	<input type="checkbox"/> Cheque Cheque Number _____ <input type="checkbox"/> Other (cash, money order, debit, etc.)	Amount paid: _____
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Credit card number	Credit card expiry date
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Name on card	Authorized signature
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