

First Legacy Corporation

20955 Pathfinder Road Suite 100

Diamond Bar, CA 91765

Office: (909) 843-6460 E-fax: (888) 789-0960

E-mail: info@firstlegacycorp.com

FOR OFFICE USE ONLY

ASSIGNED AGENT ID:

L G _____

CONTRACT LEVEL _____%

Agent's Initials _____

DM/RM/VP Initials _____

Print Name of DM/RM/VP: _____

APPLICATION CHECK LIST

The Legacy Group
REAL ESTATE & MORTGAGE DIVISION
LICENSED AGENT APPLICATION

PRINT NAME OF APPLICANT: _____ PHONE: _____

- ☐ MEMBERSHIP APPLICATION
- ☐ INDEPENDENT CONTRACTOR AGREEMENT
- ☐ AT-WILL EMPLOYMENT AGREEMENT
- ☐ W-9 FORM ☐ FORM 4506-T
- ☐ I-9 FORM/EMPLOYMENT ELIGIBILITY VERIFICATION
- ☐ ORIGINAL REAL ESTATE LICENSE (without former broker's name) OR
- ☐ RE 214 SALESPERSON CHANGE APPLICATION ☐ \$10 payable to: DRE
- ☐ COPY OF LETTER OF RESIGNATION (to former broker with effective date)
- ☐ CHANGED EMPLOYER USING E-LICENSING ONLINE
- ☐ DRIVER'S LICENSE (copy) ☐ PASSPORT (copy) or Social Security Card (copy)
- ☐ BACKGROUND SCREENING FORM
- ☐ DRIVING RECORD AUTHORIZATION ☐ PROOF OF INS. POLICY (copy)
- ☐ ATTACH CHECK OF \$75 (processing fee payable to: The Legacy Group)

*Important: Applicant's Leader is responsible for checking application for missing information/documents.

Incomplete applications will be returned. Once complete, leader will sign below with contact information.

SIGNATURE - SENIOR MGR/DM/RM/VP

DATE

PRINT NAME - SENIOR MGR/DM/RM/VP

E-MAIL ADDRESS

CELL PHONE #: _____

AGENT CODE: _____

Note: All personal information will be kept confidential. Please submit completed application and documents to the address above. You may mail or leave documents with the front office receptionist in a sealed envelope ATTN: First Legacy Corporation. You will receive an e-mail notification confirming receipt of your application.