

National School of Real Estate
30 HOUR POST LICENSE COURSE REGISTRATION

PLEASE PRINT:

Name:

LAST FIRST MIDDLE

*****LICENSE NO. REQUIRED*****

SALESMAN LICENSE #: 0000

ADDRESS:

Street

City State Zip

Home # _____ Mobile# _____

E-mail: _____

****In order to receive credit for post license course you must have your temporary license number prior to the first day of class.****

Signature Date

METHOD OF PAYMENT

\$225 by **Check:**

Name on Check: _____

Check #: _____

Name of Bank: _____

\$225 by **CASH**

Installments (A \$20.00 administration fee for a total of \$245.00)

1st Installment: (minimum of \$50.00)

Full Payment by **Credit Card:** (Credit Card

Processing fee of \$20.00) Amount to be Charged: \$245.00)

Name on Credit Card _____

Type of card _____

C.C.#: _____

Ex. Date: _____

Method _____

Amount \$ _____

Date _____

**DO NOT WRITE BELOW
FOR OFFICE USE ONLY**

Module A (Fair Housing) _____

Official Start Date: _____

Module B (Working w/buyer) _____

Official End Date: _____

Module C (Risk management) _____

ADMIN _____

Module D (Working w/Sellers) _____

QB _____