SPONSORING BROKER STATEMENT FORM

This form is to be completed by the sponsoring brokerage firm with which you will affiliate your license. It must be signed and dated. You will need to submit this form at the AMP test center when you apply for an ACTIVE salesperson, community association manager or associate broker license. **Do not mail to AMP.** You will not need this form if you intend to apply for an INACTIVE license.

H - 783551

Firm License No.

Note: This number MUST be the *brokerage firm's* license number – not the broker's personal license number.

NAME OF APPLICANT:

First | Middle (Full name or NONE if no middle name)

Last | Generation

SOCIAL SECURITY NO: ___ - ___ - ____

NOTIFICATION OF REQUEST FOR SOCIAL SECURITY ACCOUNT NUMBER (SSAN)
You are asked to provide your social security account number (SSAN) on this application. The GREC shall not release your SSAN to any third party except as required by law.

TYPE OF LICENSE APPLICANT IS APPLYING FOR:

NAME OF FIRM: US Realty Hub, LLC dba Realty Hub

(please print)

MAIN OFFICE ADDRESS: 7635 Ashley Park Court

Street

Suite 503

Suite No.

Orlando | FL | 32835 -

City | State | Zip Code

PHONE NUMBER: 888 - 9001801

I hereby request that the above-mentioned applicant's license be affiliated with this firm.

BROKER'S SIGNATURE: _____ DATE: _____