

## The Commonwealth of Massachusetts Division of Occupational Licensure 1 Federal Street – Suite 0600 – Boston, MA, 02110 www.mass.gov/dpl/boards/re

BOARD OF REGISTRATION OF REAL ESTATE BROKERS **AND SALESPERSONS** 

## PERSONAL CHARACTER REFERENCE FORM

## Applicant Information PLEASE PRINT

Last Name	First Name		Middle Name		Generation
Maiden / Former / Also Kno	own As				
Street address			Po Box		
City		Sta	ate		Zip Code
CHARACTER REFER	RENCE INFO				
Name		yrs knowi	ng applicant	Relations	hip
Residential Street address		I	PO Box		
ity State			Zip		
•	Applicant's integrity, skills	and commitn	nent relating to	o Real Estat	e profession:
•	Applicant's integrity, skills	and commitn	nent relating to	o Real Estat	e profession:
	Applicant's integrity, skills	and commitn	nent relating to	o Real Estat	e profession:
	Applicant's integrity, skills	and commitn	nent relating to	o Real Estat	e profession:
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