



STATE REAL ESTATE COMMISSION
PO Box 2649
Harrisburg PA 17105-2649

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Fax Number: 717-787-0250
www.dos.pa.gov/estate

REAL ESTATE EDUCATION PROVIDER SATELLITE LOCATION APPLICATION

Answer all questions on this application. All information must be type or legibly printed in black or blue ink.

1. Education Provider's Name, as it appears on your license:

2. Education Provider's Approval Number (RE/RU): _____

3. Education Provider's Director's Name: _____

4. Satellite's Proposed Location (full address):

5. Education Director's Certification:

- ✓ I have approved this location as a satellite location.
- ✓ I understand that any false statement made by me is subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) and may result in a disciplinary sanction against my license and/or me.
- ✓ I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

(Education Director's Signature)

(Date)

FEES: \$20.00 fee in the form of a check or money order made payable to the "Commonwealth of Pennsylvania." Application fees are NON-REFUNDABLE and NON-TRANSFERRABLE.

A \$20.00 processing fee will be charged for any check returned unpaid by your bank, regardless of the reason.