



CPYB Endorsed Brokerage Application Form

The following to be filled out by firm representative:

Firm Representative name: _____ Title: _____

Brokerage Firm name: _____ Website: _____

Brokerage Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Fax: _____ Email: _____

Total number of years the firm has been in business: _____ *(Please Note a minimum of 1 year as a legitimate business is required)*

Association Membership:

Endorsed Brokerage Requirements – The brokerage firm agrees to comply with the following:

1. The firm's Broker of Record must be CPYB certified.
2. All other eligible brokers/salespersons must be in the process of obtaining their CPYB designation by applying to the program, and paying the fees, passing the exam within 6 months of application.
3. Brokers/salespersons who are not yet eligible are considered apprentices and must apply to the CPYB program, pay the fee, and attend a minimum of one authorized continuing education activity each year during the term of their apprenticeship. Approved activities include CPYB study session participation, authorized industry events and association sponsored educational events
4. Provide as stated by local laws evidence of a dedicated account for funds held in trust for the protection of brokerage client funds.
5. Agree to complete an annual update form generated by the CPYB office by January 1st of each year.

List of Brokers/Salespersons – Please list brokers/salespersons currently employed by your firm and include their status. *(Status is defined as eligible - those brokers who have at least 3 years in the brokerage business or ineligible – those brokers/salespersons who do not have 3 years in the business)*

Please Circle One

Name: _____ Status: Eligible / Apprentice

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Name: _____ Status: Eligible / Apprentice

Please include a separate sheet of paper for additional brokers.

Statement of Principal

I have reviewed the CPYB Endorsed requirements and hereby attest that the information provided is accurate and truthful to the best of my knowledge.

Print name: _____

Signature: _____ Date: _____

Fee:

The annual fee of \$100 is waived for the companies first year of participation in the program:

Enclosed is my check for: \$_____ Please make checks payable to CPYB

Charge: Visa MasterCard Amex Discover

Credit Card Number: _____ Exp. Date: _____ V Code: _____

Card Holder Name: _____ Signature: _____

Thank you for your support!

Please return application to:
CPYB Endorsed Brokerage Program
105 Eastern Ave, Suite 104
Annapolis, MD 21403
Phone: 410-263-1014 • Fax: 410-263-1659