

Master ACE Application Form

Name		LIC	#	
State(s) Licensed in				
Address				
City		St	ate	Zip
Phone Number	1	Email		
Company				
Provide Dates and locat	tion for required cours	es:		
ACE 2 Day Core Training	g: Date	Location		
ACE Lister:	Date	Location		
ACE Master Lister:	Date	Location		
ACE Buyers Agent BC:	Date	Location		
Provide date and name	s of 3 elective ACE clas	ses taken		
Class Name:				
Date	Location			
Class Name:				
Date				
Class Name:				
Date				
Signatura		n)ata	



Master ACE Application Closed Sale Verification Affidavit

I (name)		do certify and attest that all the information in this
document is fact	ual and true	•
Provide informat	tion on 5 clos	sed transaction sides:
MLS #	Address	<u>-</u>
Date Closed		Type buyer/seller/both
MLS #	Address	<u>-</u>
Date Closed		Type buyer/seller/both
MLS #	Address	<u> </u>
Date Closed		Type buyer/seller/both
MLS #	Address	<u>-</u>
Date Closed		Type buyer/seller/both
MLS #	Address	<u> </u>
Date Closed		Type buyer/seller/both
**A side consists in a deal that cou	•	ting a buyer or a seller on a transaction. If you represented bothes. **
or credit card. Cr	edit card #	Fill in both pages and submit \$175.00 certification fee via check Exp date
CVVNar	ne on credit	card
Signatura		Data