



## REL-150

## FINGERPRINT INSTRUCTIONS

**FINGERPRINT CARDS:** Fingerprint cards may be requested from pre-license course providers, Kansas Pearson VUE exam centers, or the Kansas Real Estate Commission (KREC) by emailing [krec@ks.gov](mailto:krec@ks.gov) with your name and mailing address.

**INSTRUCTIONS FOR COMPLETING FINGERPRINT CARDS:** Do not fold, staple, bend, tape, highlight, stamp, make extraneous marks, or modify the fingerprint card. Satisfactory fingerprints must be obtained using the services of an authorized entity. The applicant may go to a local police department, county sheriff's office or the Topeka office of the Kansas Bureau of Investigation to be fingerprinted. An appointment may be necessary and a fee may be required.

**DO NOT SIGN the fingerprint card until your signature can be witnessed by the official taking your fingerprints.** You must show proof of your identity to the person taking your fingerprints. When you make your appointment to be fingerprinted, ask what type of identification is required. Your signature must be witnessed by the person taking your fingerprints after that person examines your proof of identity. Your fingerprints will be taken with ink or with the use of a Livescan machine (inkless electronic fingerprinting).

**LAST NAME, FIRST NAME, MIDDLE NAME:** In the order listed on the card, PRINT your complete name. Do not modify any portion of your name to fit the card. For example, if your identification shows the suffix II, do not change it to Jr. on the card. If your last name is hyphenated on your identification, do not drop either name.

**ALIASES AKA:** List all other names you have used including maiden name(s).

**ORI:** This entry should be preprinted on the card. If your card is blank or an agency other than KREC is indicated, you may line through and fill in "KS920120Z, Real Estate Commission.

**DATE OF BIRTH DOB:** Enter your date of birth as MM/DD/YY. Example: Enter April 21, 1985 as 04/21/85.

**RESIDENCE OF PERSON FINGERPRINTED:** List your current address in full. A P.O. Box alone is not sufficient.

**DATE:** Enter the date your fingerprint card is completed. Enter as MM/DD/YY. Fingerprints are valid for 1 year from Print Date.

**SIGNATURE OF OFFICIAL TAKING FINGERPRINTS:** This line must be completed with the signature of the person taking your fingerprints. They should print their name underneath their signature.

**CITIZENSHIP CTZ:** Enter the name of the country where you are a citizen. Enter US for United States citizens. For foreign citizens, use the two-character foreign country codes used by criminal justice agencies for federal reporting. All law enforcement agencies have a set of codes.

**PLACE OF BIRTH POB:** Enter the two-character code for the state you were born in. If you were not born in the US, enter the foreign country codes used by criminal justice agencies for federal reporting. All law enforcement agencies have a set of codes.

**RACE:** Use one of the following codes: **A** – Asian **N** – Native Hawaiian/Pacific Islander **W** – White **B** – Black **I** – American Indian/Alaskan Native **O** – Other

**EYES:** Use one of the following codes: **BLK** – Black **BLU** – Blue **BRO** – Brown **GRN** – Green **GRY** – Gray **HAZ** – Hazel **O** – Other

**HAIR:** Use one of the following codes: **BAL** – Bald **BLK** – Black **BLN** – Blonde or Strawberry **BRO** – Brown **GRY** – Gray **RED** – Red or Auburn **WHI** – White

All applicants for an original salesperson or broker license must complete the Fingerprint Waiver Form and submit to fingerprinting. This includes Kansas salespersons applying for a broker license and persons licensed in another state seeking licensure in Kansas by equivalent requirements met [reference K.S.A. 58-3039(b)(1)]. Fingerprints and reports for another state or profession may not be used to apply for a Kansas license.

The completed Fingerprint Waiver Form, Fingerprint Card and \$60 must be submitted directly to KREC. The process generally takes 7 to 14 business days, but may be delayed if the fingerprints are rejected due to poor quality. **A form is attached to pay by credit card/electronic check or you may submit a cashier's check or money order payable to KREC.**

The date your fingerprint card and background report are received at KREC will be posted at [www.krec.ks.gov](http://www.krec.ks.gov). **You do not have to wait for the reports to be generated or posted to submit your license application.** The background check is valid for 6 months from the date of the KBI and FBI report. If KREC does not receive a complete application from you prior to this deadline, you must submit to another background check.



REL-150

BACKGROUND WAIVER

Applying for a:

- Salesperson License
- Broker License

Based on Equivalent Requirements Met (License held in other State)

- YES
- NO

Full Name

Name to be Shown on License

Residence Address

City	State	Zip	County
------	-------	-----	--------

Residence Phone

Email Address

Law Enforcement Agency Or Authorized Entity Where Fingerprinted

Address	City	State	Zip
---------	------	-------	-----

**CERTIFICATION:** I hereby give permission for the Kansas Real Estate Commission to conduct a Kansas criminal history background check with the Kansas Bureau of Investigation (KBI) and a national check through the Federal Bureau of Investigation (FBI). Any information maintained by the KBI and/or the FBI may be released as allowed by law.

SIGNATURE

DATE SIGNED

Initials: _____	<b>COMMISSION USE ONLY</b>	
Date Entered: _____	Fee: \$ <u>60.00</u>	Deposit Date: _____



REL-150

PAYMENT AUTHORIZATION FORM

Option 1: CREDIT CARD PAYMENT INFORMATION

Licensee Name:	Email Address: (optional for electronic receipt)	Zip Code:	Expiration Date:
Card Information:			
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	
<input type="checkbox"/> American Express			

Option 2: ELECTRONIC CHECK PAYMENT INFORMATION

Account Holder Name:	Email Address: (optional for electronic receipt)
Transaction Type: <input type="checkbox"/> Personal <input type="checkbox"/> Business	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number:	Routing Number:

Waiver Form and Payment Authorization Form may be mailed to the address above along with your Fingerprints. Alternatively, they may be submitted via fax or email to:

Email: [krec@ks.gov](mailto:krec@ks.gov)  
Fax: 785-296-1771

**THE FINGERPRINTS, HOWEVER, MUST BE MAILED.**

If you prefer to provide your credit card or electronic check information by phone, call 785-296-3411.

After processing your payment, this document will be shredded.

