

TRANSACTION EXPERIENCE

Name: _____

List completed transactions only (no pending, failed, or expired).

Calendar year: 20_____

ADDRESS	YOUR ROLE IN THE TRANSACTION	PERSONAL INTEREST	SALE DATE	CLOSE DATE	PRICE and TYPE
	<input type="checkbox"/> Seller's Agent <input type="checkbox"/> Buyer's Agent <input type="checkbox"/> Transaction Broker <input type="checkbox"/> Other (describe duties): _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes If "yes", explain: _____ _____			\$ _____ <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Agricultural <input type="checkbox"/> Industrial
	<input type="checkbox"/> Seller's Agent <input type="checkbox"/> Buyer's Agent <input type="checkbox"/> Transaction Broker <input type="checkbox"/> Other (describe duties): _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes If "yes", explain: _____ _____			\$ _____ <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Agricultural <input type="checkbox"/> Industrial
	<input type="checkbox"/> Seller's Agent <input type="checkbox"/> Buyer's Agent <input type="checkbox"/> Transaction Broker <input type="checkbox"/> Other (describe duties): _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes If "yes", explain: _____ _____			\$ _____ <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Agricultural <input type="checkbox"/> Industrial
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Photocopy and attach supplemental sheets if more space is needed.