

ARKANSAS REAL ESTATE COMMISSION
612 SOUTH SUMMIT STREET
LITTLE ROCK, AR 72201-4740
(501) 683-8010 FAX: (501) 683-8020

**REFERENCE: REAL ESTATE COMMISSION
REGULATION 7.1 APPROVAL OF FIRM NAME**

“The commission shall issue no principal broker’s license where the proposed name of the firm is confusingly similar to the name of another firm, is misleading, or would in any way be confusing to the public. It shall be the duty of the principal broker to inquire of the commission concerning the acceptability of the firm name.”

Reason for requesting firm name approval: <input checked="" type="checkbox"/> One <input type="checkbox"/> NEW FIRM <input type="checkbox"/> CHANGE OF FIRM NAME <input type="checkbox"/> CHANGE OF ADDRESS TO A DIFFERENT CITY <input type="checkbox"/> CHANGE OF PRINCIPAL BROKER <i>(letter releasing firm name from old Principal Broker is required)</i> <input type="checkbox"/> OTHER (ATTACH EXPLANATION)

FIRM NAME APPROVAL REQUEST FORM

FIRST CHOICE

SECOND CHOICE

THIRD CHOICE

THE CITY IN WHICH OFFICE WILL BE LOCATED: _____

DAYTIME PHONE NUMBER: () _____ - _____

E-MAIL ADDRESS, (if any) _____

THE DATE I INTEND TO BEGIN USING THIS NAME: _____

PRINT BROKER’S NAME AS LICENSED: _____
(IF YOU JUST PASSED THE BROKER’S EXAM PLEASE PUT DATE PASSED HERE: _____)

LICENSE NUMBER OR SOCIAL SECURITY NUMBER: _____

DATE _____ SIGNATURE _____

ADDRESS TO MAIL APPROVAL TO: _____

-or- FAX APPROVAL TO: () _____ - _____

IS YOUR FAX ON ALL THE TIME? YES NO

(this section is for Commission use only)

FIRM NAME AS APPROVED
DATE APPROVED: _____ APPROVED BY: _____