REAL ESTATE LICENSE TRANSFER FORM

ARKANSAS REAL ESTATE COMMISSION
612 South Summit Street
Little Rock, AR 72201-4740
(501) 683-8010

Effective Date_____

Complete this form and return with the $30 transfer fee (be sure your current license and pocket card have been sent to AREC). NOTE: If you are a broker opening a new firm, please contact the Commission for the form to request approval of your firm name and other necessary information before completing this form.

_____

LICENSEE NAME LICENSE OR S.S. NUMBER HOME PHONE

_____

LICENSEE HOME ADDRESS CITY STATE ZIP

All licensees, both active and inactive, shall at all times keep the commission informed in writing of their personal residence address, physical business address and mailing address. (Reg. 7.6(b))

I hereby certify that I am not taking any listings, management contracts, appraisals, lease agreements, or copies of any Such documents, or any other pertinent information belonging to my former Principal Broker or firm.

_____

DATE SIGNATURE OF LICENSEE

I request my license be issued as: ❑ Principal Broker ❑ Associate Broker

❑ Executive Broker (Contact AREC for Form) ❑ Salesperson

PRINCIPAL BROKER SECTION

_____

FIRM TRANSFERRING TO PHONE NUMBER

_____

FAX NUMBER E-MAIL ADDRESS, (if any)

_____

ADDRESS P.O. BOX, (if any)

_____

CITY STATE ZIP

As Principal Broker I hereby authorize the issuance of a real estate license with the above named firm.

_____
Principal Broker Signature

_____
Principal Broker License Number

For Commission Use Only
_____

PAID

COPY THIS FORM FOR USE AS A TEMPORARY LICENSE. The temporary license will be valid for thirty days from the above effective date **only when all required information is sent to** AREC.

AREC 3/99