



ARKANSAS REAL ESTATE COMMISSION

Phone: (501) 683-8010 Fax: (501) 683-8020

REAL ESTATE INSTRUCTOR SCHOOL AFFILIATION FORM

This form is to be completed for each school that an instructor teaches with other than their primary school.

Instructor License Number: \_\_\_\_\_

Licensee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Licensee's Name (Printed) : \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Home Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

SCHOOL INFORMATION:  Main School  Branch School

School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

*As Principal Instructor, I hereby authorize this instructor to teach courses with the above school.*

\_\_\_\_\_  
Principal Instructor Name (Please Print) Instructor License Number: \_\_\_\_\_

\_\_\_\_\_  
Principal Instructor Signature Date

COMMISSION USE ONLY  
Receipt # \_\_\_\_\_  
Date Paid \_\_\_\_\_