



ARKANSAS REAL ESTATE COMMISSION

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

**AFFIDAVIT
REAL ESTATE LICENSE NEVER RECEIVED**

State of _____

County of _____

I, _____, a citizen and resident of the state and county aforesaid under oath that I have never received my 20____ Real Estate License and pocket card.

Please place my license on an inactive status. (no fee)

Please reissue my license to the firm named below. (no fee)

License Number: _____

Licensee Signature: _____ Date: _____

Firm Name: _____

Firm Address: _____

City: _____ State: _____ Zip: _____

Firm Phone: _____ Email Address: _____

Broker Name: _____ License #: _____

Broker Signature (**required**): _____ Date: _____

All signatures are required to be signed in the presence of a Licensed Notary Public

Subscribed and sworn to before me this _____ day of _____ 20 ____.

(SEAL OF OFFICE)

Notary Public: _____

My Commission Expires: _____

Return to the Arkansas Real Estate Commission | 612 South Summit St | Little Rock, AR 72201