



## ARKANSAS REAL ESTATE COMMISSION

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

## SALESPERSON PRE-LICENSE AND POST-LICENSE COURSE RENEWAL

**FEES:**

Pre-license course only \$50

Post-license course only \$50

**Include a current course outline****PART I - SCHOOL INFORMATION:**

Name of School: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Course to be offered?  Pre-license  Post-license**PART II - PRE-LICENSE COURSE INFORMATION:**

Course Title: \_\_\_\_\_ Number of Credit Hours: \_\_\_\_\_

How will the course be offered?  Classroom  DistanceIs this course ARELLO approved? \_\_\_\_\_ If **YES**, please attach a copy of the ARELLO certification for this course.**PART III - POST-LICENSE COURSE INFORMATION:**

Course Title: \_\_\_\_\_ Number of Credit Hours: \_\_\_\_\_

**STATEMENT OF COMPLIANCE**

Under penalty of perjury, I declare and affirm that the statements made on this form, including the attached sheets, are true, complete and accurate. I will operate in compliance with the laws of Arkansas and the regulations of the Arkansas Real Estate Commission.

I declare and affirm that the salesperson post license course will be taught following the course outline and learning objectives provided by the Arkansas Real Estate Commission.

Principal Instructor's Name: \_\_\_\_\_

COMMISSION USE ONLY

Receipt # \_\_\_\_\_

Date Paid \_\_\_\_\_

Principal Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_