



# Arkansas Real Estate Commission

612 South Summit Street

Little Rock, AR 72201-4740

Phone: (501) 683-8010

Fax: (501) 683-8020

### Reason for requesting firm name approval: Check One

- ESTABLISHING A NEW FIRM
- CHANGE OF CURRENT FIRM NAME  
*(Include Item A \*)*
- CHANGE OF ADDRESS TO A DIFFERENT CITY  
*(Include Item B \*)*
- CHANGE OF PRINCIPAL BROKER  
*(attach letter releasing firm name from previous Principal Broker)*
- OTHER (ATTACH EXPLANATION)

### 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.”

## FIRM NAME APPROVAL REQUEST FORM

\_\_\_\_\_  
**FIRST CHOICE**

\_\_\_\_\_  
**SECOND CHOICE**

\_\_\_\_\_  
**THIRD CHOICE**

[\*A] PREVIOUS Firm Name: \_\_\_\_\_

[\*B] PREVIOUS Location: \_\_\_\_\_

The city in which office will be located: \_\_\_\_\_

Daytime Phone Number: (      ) \_\_\_\_\_-\_\_\_\_\_

Do you have an ownership interest in the firm? \_\_\_Y \_\_\_N. If no, please provide written documentation from the owner of the firm authorizing your use of the requested firm name.

The date intended to begin using this name: \_\_\_\_\_

Print Broker’s Name as Licensed: \_\_\_\_\_

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

ADDRESS TO MAIL APPROVAL TO: \_\_\_\_\_

-or- FAX APPROVAL TO: (      ) \_\_\_\_\_-\_\_\_\_\_

**IS YOUR FAX ON ALL THE TIME?**     YES     NO