



ARKANSAS REAL ESTATE COMMISSION

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

REAL ESTATE LICENSE
ACTIVATION FORM
(INACTIVE TO ACTIVE)

INSTRUCTIONS

- Complete and return this form with \$30.00 fee.
If applicable, attach proof of completion of continuing or post-license education requirement.

PART I Completed by Licensee

License Number: _____

Licensee Name: _____
(First Name) (Middle Name) (Last Name)

Residential Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email Address: _____

I request my real estate license be issued to the Firm below as:

Status: Principal Broker*, Designated Executive Broker*, Executive Broker*, Associate Broker, Salesperson

Signature of Licensee: _____

PART II Completed by Principal Broker of the firm

As a Principal Broker/Designated Executive Broker, I authorize the issuance of a real estate license with firm named below.

Firm Name: _____

Firm Address: _____

City: _____ State: _____ Zip: _____

Firm Phone: _____ Firm Fax: _____

Broker's License Number: _____ Email Address: _____

Broker's Signature: _____ Activation Date: _____

Notice: This form is NOT a temporary License. Change shall become effective when all necessary form(s) and fee(s) are received and approved by the Arkansas Real Estate Commission (AREC).

COMMISSION USE ONLY
Receipt # _____
Date Paid _____

*Additional forms are necessary for Principal Brokers, Designated Executive Broker, and Executive Brokers

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