

ARKANSAS REAL ESTATE COMMISSION

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

AFFIDAVIT LOSTLICENSE AND/OR POCKET CARD

State of	_		
County of			
l,	, a citizen and resident of the state	and county aforesaid ur	nder oath
that I have lost my 20 Real Estate poo	cket card and/or license.		
Please place my license on an in	nactive status. (no fee)		
Please reissue my license to the	e firm named below. (\$30.00 fee)		
License Number:			
Licensee Signature:		Date:	
Firm Name:			
Firm Address:			
City:	State:	Zip:	
Firm Phone:	Web Address:		
Broker Name:		License #:	
Broker Signature (required):		Date:	
All signatures are required to be signed in th	e presence of a Licensed Notary Pu	blic	
Subscribed and sworn to before me this	day of 20		
Notary Public:		(SEAL C	OF OFFICE)
My Commission Fynires:			