

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

## REAL ESTATE BROKER STATUS CHANGE FORM

## **INSTRUCTIONS:**

- Complete and return this form with \$30.00 fee.
- If applicable, be sure to attach your current license and pocket card

## LICENSEE INFORMATION

(First Name)		
(FIRST Name)	(Middle Name or Initial)	(Last Name)
Email Address:		
Designated Exe	cutive Executive	Associate
•		Associate
rtinent information below	nging to my former broker.	s, lease agreements, or
horize the issuance of a r	eal estate license with the abo	ve named firm.
	Date:	
	License:	
	Email Address: Designated Exec Designated Exec *(addi *(addi bot take, any listings, man rtinent information belor thorize the issuance of a r	Email Address:   Designated Executive   Designated Executive*   *(additional forms needed)   State: State: Date: Date: Date:

**NOTICE:** This form must be mailed or delivered to AREC immediately to serve as a temporary license. The temporary license will be valid for only thirty (30) days from the date it was mailed or delivered to AREC, with the principal broker's original signature, and **ONLY** when all required information is sent to AREC.

<b>COMMISSION USE ONLY</b>		
Receipt # _		
Date Paid		

Change shall become effective when all necessary forms and fees are received and approved by the Arkansas Real Estate Commission (AREC).

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