



ARKANSAS REAL ESTATE COMMISSION

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

REQUEST FOR DUPLICATE LICENSE (For Salesperson, Executive or Associate Broker)

INSTRUCTIONS:

- Complete and return this form with \$30.00 fee.

Licensee Name: _____ License Number: _____

Name of Office Where License is Currently Held: _____

Name of Office Where Duplicate License is to be Issued: _____

Office Mailing Address: _____

City: _____ State: _____ Zip: _____

Branch Phone: _____

Name of Main Office Principal Broker (please print): _____

License Number: _____ Email Address: _____

*If duplicate license is being issued for a Branch Office, list that Branch Office's Designated Executive Broker.

Name of Branch Office Designated Executive Broker: _____

License Number: _____ Email Address: _____

I, the undersigned Principal Broker for the Main Office of the above-named office(s), do hereby authorize the issuance of a duplicate license to the above-named licensee to be held at the above-named office.

Principal Broker Signature: _____ **Date:** _____

Notice: Regulation 7.4(c) provides that a principal broker may authorize a licensee to be issued a duplicate license at the principal broker/s place of business or at any branch office where the principal broker holds a duplicate license.

COMMISSION USE ONLY
Receipt # _____
Date Paid _____

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