



# ARKANSAS REAL ESTATE COMMISSION

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

## FIRM INFORMATION CHANGE (NAME AND/OR ADDRESS)

### INSTRUCTIONS:

- Complete and return this form in its entirety with a \$30.00 fee **per licensee**.
- **Attach all current license(s) and pocket card(s)** and a **list** of all licensees affected by this change.
- Pictures of Office Signage (Rule 7.3)
- A Firm Name Approval Request must be submitted and approved **before** completing this form if changing the firm name.
- If firm name changes, and is applicable, a Trust Account form is needed.

Type of Change (Check One):

Address Change

Name Change

Change Both

### CURRENT INFORMATION

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Firm Phone: \_\_\_\_\_ Firm Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

### NEW INFORMATION

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Firm Phone: \_\_\_\_\_ Firm Fax: \_\_\_\_\_

Broker's Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

***I hereby accept the responsibilities of Principal Broker for the above firm.***

Principal Broker Name: \_\_\_\_\_ License #: \_\_\_\_\_

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

**NOTICE: This form must be mailed or delivered to AREC immediately to serve as a temporary license** for all licensees on your list. 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.

**COMMISSION USE ONLY**

Receipt # \_\_\_\_\_

Date Paid \_\_\_\_\_

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