



# ARKANSAS REAL ESTATE COMMISSION

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

## PERSONAL INFORMATION CHANGE REQUEST (NAME AND/OR RESIDENTIAL ADDRESS)

**Forms that are incomplete or not accompanied by the proper documentation will be returned to you.**

*\*See notations below for required documentation*

License Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Type of Change (check all that apply):

Address Change

Name Change

### CURRENT INFORMATION

Licensee Name (As it appears on License): \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Residential Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### NEW INFORMATION

Licensee Name (As it is to appear on License): \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Residential Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Licensee: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** All licensees, both active and inactive, shall at all times keep the commission informed in writing of their personal residence address per Regulation 7.6(b). For a personal name change attach documentation of the requested name change (i.e. marriage certificate, divorce decree, legal name change form). **Return the license and pocket card, along with this form, if requesting a name change (A copy of form serves as a 30-day temporary license).**

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