



# 2027 ARKANSAS REAL ESTATE LICENSE

RENEWAL To renew online, go to

[www.arec.arkansas.gov](http://www.arec.arkansas.gov)

**FEES:**

	<u>If paid by September 30, 2026</u>	<u>After September 30, 2026</u>
Broker License	80.00	110.00
Salesperson License	60.00	80.00
Duplicate License	30.00	60.00

Please complete entire form. Incomplete forms may be returned/late fees applied if resubmitted after 10/01/2026.

1. Enclose money order, cashier's check, personal or company check.
2. Attach CE Certificate if renewing on *Active* status.
3. Circle one response to the following question:

Have you been convicted of or plead guilty or nolo contendere to any crime other than a traffic violation that you have not reported to AREC as required by Regulation 10.16? **YES**                      **NO**

*(If you answered "YES", please furnish documentation as required by Commission Regulation 17 CAR § 220-1015).*

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

**HOME INFORMATION:**

License No. \_\_\_\_\_

Licensee Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

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

Check One:  Active\* (must include CE certificate if applicable)       Inactive

**If Active, please indicate the 2027 License status:**

Principal Broker     Des. Exec. Broker     Exec. Broker     Associate Broker     Duplicate License     Salesperson

<b>Firm Information:</b>	<input type="checkbox"/> <b>Main Office</b>	<input type="checkbox"/> <b>Branch Office</b>
Firm Name: _____		
Street Address: _____		
City: _____		State: _____ Zip: _____
Firm Phone: _____		Firm Fax: _____
<i>As Principal / Designated Executive Broker, I hereby authorize the issuance of a real estate license with the above-named firm.</i>		
PB License #: _____		PB Email: _____
PB Signature: _____		Date: _____

**Return form to: AREC License Dept Renewals  
612 South Summit  
Little Rock, AR 72201-4740**

Commission Use Only	
Receipt #	_____
Date Paid	_____