



## 2027 ARKANSAS REAL ESTATE LICENSE

RENEWAL To renew online, go to

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

### FEES:

If paid by September 30, 2026

After September 30, 2026

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 Commission Regulation 17 CAR § 220-1015? **YES** **NO**

Have you had a professional license or certification sanctioned, suspended or revoked that you have not reported to AREC as required by Commission Regulation 17 CAR § 220-1015? **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

### Firm Information:

☐ Main Office

☐ Branch Office

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

Street Address: \_\_\_\_\_

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

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

*As Principal / Designated Executive Broker, I hereby authorize the issuance of a real estate license with the above-named firm.*

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 \_\_\_\_\_