Arkansas Real Estate Commission

APPLICATION FOR BROKER EXPERIENCE WAIVER

INSTRUCTIONS

- Complete and return this form with CASHIER'S CHECK OR MONEY ORDER for the $50.00 fee.
- The fee is non-refundable.

PART I

Licensee Name: _____
(First Name) (Middle Name Initial) (Last Name)

Date of Birth: _____ SSN:_____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Are you currently licensed by the AREC? _____ License Number: _____

Do you hold any professional licenses in this or other jurisdictions? _____

If Yes, please specify: _____

PART II

Provide any and all evidence showing you qualify for a waiver of the broker experience requirement as outlined in Commission Rule 17 CAR § 220-401(4)(B)

PART III

Provide a narrative account of how you intend to use your Broker license if you are granted a waiver. Will you seek to open your own firm, operate as the Principal Broker of an existing firm? Do you intend to supervise other agents?

Signature of Licensee: _____Date:_____

Return to: AREC 612 South Summit St. Little Rock, AR 72201
501 683-8010 FAX: 501 683-8020

FOR AREC USE ONLY

Date Received: _____ MM ID: _____ Rec #: _____

Business Mtg Date: _____ License History: ☐ Firm History: ☐

Approved: ◯ Denied: ◯

Conditions:

REV 10/2026