



**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 4.1(a)(3)(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: