

Arkansas Real Estate Commission

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

CITATION DISPUTE FORM

Name:	License #:	
Address:		
City:	State:	Zip:
Firm Telephone:	Personal Phone: _	
Principal Broker Name:		
 This form must be receded as of the citation's is contesting the citation Pursuant to A.C.A. § 1 filing a verified written provided a hearing before AREC publishes the national conducted pursuant to 	7-42-312, if a licensee dispurse complaint with the Commission under A ames of all persons who are A.C.A. § 17-42-312.	mission within thirty (30) erified written complaint tes the citation by timely sion, the licensee shall be a.C.A. § 17-42-314. e sanctioned at hearings
l,	, wish to dispute the C	itation issued to me by
the Arkansas Real Estate Con	nmission.	
Signature	 Date	
(Attach a written explanation rega	ording the dispute and any docume	entation you wish to include.)