ARKANSAS REAL ESTATE COMMISSION
Phone: (501) 683-8010 Fax: (501) 683-8020

PERSONAL INFORMATION CHANGE REQUEST

(NAME AND/OR RESIDENTIAL ADDRESS)

Forms that are incomplete or not accompanied by the proper documentation will be returned to you.
**See notations below for required documentation*

License Number: _____ Effective Date: _____

Type of Change (check all that apply): ☐ Address Change ☐ Name Change

CURRENT INFORMATION

Licensee Name (As it appears on License): _____
(First Name) (Middle Name) (Last Name)

Residential Address: _____

P.O. Box: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

NEW INFORMATION

Licensee Name (As it is to appear on License): _____
(First Name) (Middle Name) (Last Name)

Residential Address: _____

P.O. Box: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Signature of Licensee: _____ **Date**: _____

NOTE: All licensees, both active and inactive, shall at all times keep the commission informed in writing of their personal residence address per Regulation 17 § CAR 220-706(b). For a personal name change attach legal documentation of the requested name change (i.e. marriage certificate, divorce decree, legal name change form). **Return the license and pocket card, along with this form, if requesting a name change (A copy of form serves as a 30-day temporary license).**

Return to the Arkansas Real Estate Commission | 612 South Summit St | Little Rock, AR 72201