



LICENSE STATUS CHANGE (Active or Inactive) | REL-310

DEACTIVATION (Change to Inactive Status)

This form is fillable online

Name

License Number

Status

Action Required

- I am placing my license on inactive status. I understand I must continue to renew my license in order to avoid its expiration.
Update my email address to:

Fee \$0.00. Complete Company Info on Page 2 and secure signatures of Licensee and Supervising/Branch Broker. Return the Original wall license to KREC. Alternatively, email or fax the License to KREC marked "Cancelled" and signed and dated by the Supervising/Branch. (File Reactivation within 2 years to avoid additional education and exam requirements.)

REACTIVATION (Change to Active Status)

Name

License Number

Please answer the following:

Action Required

- I am Reactivating my license
Update my email address to:

Fee \$15.00- Complete payment form attached or submit check or money order payable to KREC. Continuing Education on record for immediate past renewal date. If on inactive 2 or more years, six hours for each full year of inactive status. If on inactive status 5 or more years, re-take the licensure exam in addition to the CE hours and attach a copy of the passing score report.

1. Since the issuance of your license or your last renewal, whichever is more recent, have you been convicted of any misdemeanor or felony offense, or received a diversion or suspended imposition of sentence for a misdemeanor or felony, or is there any misdemeanor or felony charge(s) now pending against you?

YES NO
If "yes", fill in the blanks below and the Explanation section on page 2.
Date:
Offense:
Court Location: Case No:
Unless previously submitted, include copies of the ticket, conviction or sentencing order, diversion agreement, probation order, and release from probation or diversion. (attach supplemental sheets if needed)

2. Since the issuance of your license or your last renewal, whichever is more recent, except for disciplinary action against your license by KREC, has there been a denial, revocation, suspension, voluntary surrender, or any other disciplinary action taken by the State of Kansas or any other jurisdiction against any professional or occupational license held by you?

YES NO
If "yes" fill in the blanks below and the Explanation section on page 2.
Jurisdiction:
Discipline Dates:
Unless previously submitted, attach a copy of disciplinary order. (attach supplemental sheets if needed)

3. Have you performed any activities requiring a real estate license in Kansas since the date your license was changed to Inactive status?

YES NO
If "yes", fill in the explanation section on page 2. Describe your activities, including all listings, pending and closed transactions. Include the date of the listing, the date of the contract, the names of the parties to the contract, and the status of the transaction. (attach supplemental sheets if needed)



EXPLANATION SECTION - For "YES" answers to Reactivation Questions 1, 2, or 3.

COMPANY INFORMATION – (For Deactivation from, or Reactivation to)

Company Name		Company Number	Franchise Name	
Address line 1			Broker License Number	
Address line 2				
City	State	Zip	County	

LICENSEE SIGNATURE

 SIGNATURE DATE SIGNED

NOTE: In lieu of the licensee signature above, a copy of correspondence sent to the licensee informing them of deactivated status may be attached.

TERMINATING BROKER SIGNATURE - if Deactivating a license

I certify that I will no longer act as supervising/branch broker for the above named licensee.

 SIGNATURE DATE SIGNED

NEW SUPERVISING/BRANCH BROKER SIGNATURE - if Reactivating a license

I hereby accept the responsibilities of supervising/branch broker for the above named licensee.

NOTE: If the licensee holds a **Restricted** license and if the terms require it, the proposed new broker must include a letter or email to the Commission stating they have read the restriction Order and are willing to supervise the licensee on a Restricted basis. If approved, an Order modifying the Restriction must be issued before the reactivation is processed.

 SIGNATURE DATE SIGNED

Initials: _____	COMMISSION USE ONLY		
Date Entered: _____	Fee: \$ _____	Deposit Date: _____	Notes: _____



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FOR REACTIVATION ONLY (change to Active status)

\$15.00 reactivation fee

Option 1: CREDIT CARD PAYMENT INFORMATION

Licensee Name:	Card Holder: (if different than licensee)	Email Address: (optional for electronic receipt)
Card Number:	Expiration Date:	Zip Code:
Card Type:		
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express <input type="checkbox"/> Discover

Option 2: ELECTRONIC CHECK PAYMENT INFORMATION

Account Holder Name:	Email Address: (optional for electronic receipt)	
Transaction Type:	Account Type:	Check Number:
<input type="checkbox"/> Personal <input type="checkbox"/> Business	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Account Number:	Routing Number:	

Sample Check - U.S. Account (lower left corner)



The Bank Routing # is 9 digits between the ⑆ symbols

The check # should match the # in the upper-right corner

The Checking Account # is usually to the left of ⑆. If check # is left of account #, ignore check #

Note: These three sets of numbers may appear in a different order on your check.

Submit to the Kansas Real Estate Commission by:

Email: krec@ks.gov

Fax: 785-296-1771

After processing your payment, this document will be shredded.

If you prefer to provide your credit card or electronic check information by phone, call 785-296-3411.