



Kansas Real Estate Commission

Jayhawk Tower
700 SW Jackson St Ste 404
Topeka, KS 66603-3785

krec@ks.gov (785) 296-3411
Fax: (785) 296-1771 www.krec.ks.gov

Public access is available by appointment only

OPEN COMPANY OR BRANCH OFFICE FORM | REC-430

BEFORE FILING A BUSINESS NAME, CONTACT KREC TO ENSURE THE NAME IS NOT SIMILAR TO AN EXISTING BUSINESS

| | |
|--|--------------------------------|
| FEES - \$100 | This is a fillable form |
| Complete the attached payment form or submit a \$100 check or money order payable to KREC. | |

| |
|----------------------------|
| COMMISSION USE ONLY |
| Company Number: _____ |

| |
|--|
| AFFILIATED LICENSEES |
| To transfer a license into this new company or branch office, licensees and brokers must complete the Licensee Transfer Form (REL-300). To affiliate a license with this new company or branch office in addition to the current affiliations, licensees and brokers must complete the Add Additional Affiliation Form (REL-330). All forms are available on the KREC website. |

| |
|--|
| TRUST ACCOUNT |
| Will you maintain a trust account? <input type="checkbox"/> YES* <input type="checkbox"/> No * If yes, complete and return the attached Trust Account Form (REC-500). |

NEW INFORMATION

| | | | |
|--------------|-------|----------------|--------|
| COMPANY NAME | | FRANCHISE NAME | |
| ADDRESS | | | |
| CITY | STATE | ZIP | COUNTY |
| PHONE | FAX | | EMAIL |

IF A NEW BRANCH OFFICE, WILL THE BRANCH OFFICE MAINTAIN TRANSACTION RECORDS? YES NO, THEY WILL BE KEPT AT MAIN OFFICE

SUPERVISING/BRANCH BROKER CERTIFICATION

I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this form and that the information provided is true, correct and complete to the best of my knowledge.

PRINTED NAME OF SUPERVISING/BRANCH BROKER

LICENSE NUMBER

SIGNATURE OF SUPERVISING/BRANCH BROKER

DATE SIGNED

BRANCH CERTIFICATION - Complete the following information only if you are submitting this form to add a branch office.

PRINTED NAME OF MAIN OFFICE SUPERVISING BROKER

LICENSE NUMBER

SIGNATURE OF MAIN OFFICE SUPERVISING BROKER

DATE SIGNED

| |
|--|
| COMMISSION USE ONLY |
| Date Entered: _____ Fee: \$100.00 |



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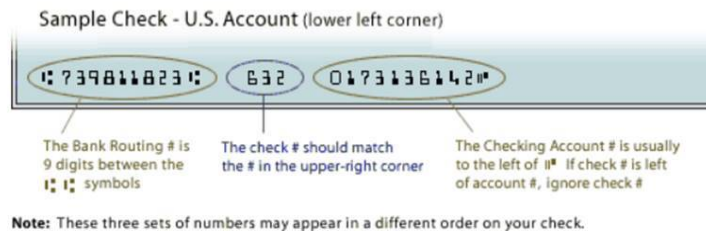
for \$100 Open Office Fee

Option1: 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: <input type="checkbox"/> Personal <input type="checkbox"/> Business | Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Check Number: |
| Account Number: | Routing Number: | |



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.



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(Omit this page if the new company or branch will not maintain a trust account.)

TRUST ACCOUNT FORM | REC-500

Consent to Audit Trust Account

INSTRUCTIONS

Complete this form if you are currently maintaining a Trust Account or for approval to maintain an account. Each new form submitted replaces all others on file with KREC. A separate form must be completed for each account maintained. **This is a fillable form.**

COMPANY INFORMATION

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

IS YOUR COMPANY A CORPORATION, PARTNERSHIP, LLC, LLP, OR PA? NO YES, I HAVE COMPLETED PAGE 2

ACCOUNT INFORMATION

| | | | |
|---|-------|----------------|--------|
| Account Name (ACCOUNT MUST INCLUDE THE WORDS "TRUST ACCOUNT") | | Account Number | |
| Bank, Saving and Loan Association, or Credit Union Name | | | |
| Street Address | | | |
| City | State | Zip | County |

SUPERVISING/BRANCH BROKER CERTIFICATION

I hereby authorize the aforementioned bank, savings and loan association or credit union to allow any representative of the Kansas Real Estate Commission to examine the aforementioned account at any time and to obtain any copies of any records or information therefrom.

SIGNATURE _____

DATE SIGNED _____

| | |
|-----------------------------------|---------------------------------|
| COMMISSION USE ONLY | |
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> DENIED |
| DATE: _____ INITIALS: _____ | |



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TRUST ACCOUNT FORM | REC-500

Business Entity Addendum

| INSTRUCTIONS |
|--|
| <p>Complete and attach this Report if your company is a Corporation, Partnership, LLC, LLP, or PA. This is a fillable form.</p> <p>In the area provided, give a complete list of all officers of the corporation or members of the partnership, LLC or professional association, the office held by each (or designate as partner/member), and their Kansas real estate license number, if licensed.</p> <p>If the officer/partner/member is not licensed in Kansas, check "Unlicensed."</p> <p>If additional space is required, attach a separate copy of this page.</p> |

CORPORATION PARTNERSHIP LLC LLP PA

NAME: _____

| Name of Officer/Partner/Member | Title | KREC License # | Unlicensed |
|--------------------------------|-------|----------------|--------------------------|
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |

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I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this form and that the information I have provided is true, correct and complete to the best of my knowledge.

 SIGNATURE

 DATE SIGNED