



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	COMMISSION USE ONLY
Complete the attached payment form or submit a \$100 check or money order payable to KREC.		Company Number: _____

AFFILIATED LICENSEES
To move a license into this new company/branch office OR to affiliate a license with this new company/branch office in addition to the current affiliations, licensees and brokers must complete the License Change Form (REL-300) .

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		TRADE 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

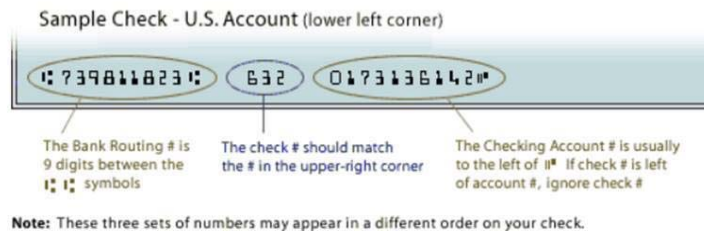
OPEN COMPANY OR BRANCH OFFICE FORM | REC-430
for \$100 Open Office Fee

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.



(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: _____



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

TRUST ACCOUNT FORM | REC-500

Business Entity Addendum

INSTRUCTIONS

Complete and attach this Report if your company is a Corporation, Partnership, LLC, LLP, or PA. **This is a fillable form.**

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.

If the officer/partner/member is not licensed in Kansas, check "Unlicensed."

If additional space is required, attach a separate copy of this page.

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"/>

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 I have provided is true, correct and complete to the best of my knowledge.

SIGNATURE

DATE SIGNED