



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

This form is fillable online

Licensee Name

License Number

COMPANY INFORMATION – For Deactivation from, or Reactivation to

Company Name		Company Number	Broker License Number
Address	City	State	Zip

DEACTIVATION (Change to Inactive Status) – No Fee Required; Terminating Broker signature not required.

I understand I must continue to renew my license in order to avoid its expiration and reactivate the license within 2 years to avoid additional education and exam requirements.

REACTIVATION (Change to Active Status) - \$15.00 Fee Required

The continuing education requirement has been met for the immediate past license renewal. If inactive two or more years, six hours for each full year of inactive status are on record. If inactive five or more years, I have also re-passed the licensure exam.

LICENSEE SIGNATURE _____

DATE SIGNED

To update your email or phone number, please login at licensing.ks.gov/EGOV_KREC. If you do not have a user ID or password, click the "Register a Person" button.

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

SUPERVISING/BRANCH BROKER SIGNATURE _____

DATE SIGNED

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.

NOTE: In lieu of the broker's signature, a copy of correspondence sent to the broker informing them of deactivation may be attached.

COMMISSION USE ONLY
Date Entered: _____ Fee: \$ _____



FOR REACTIVATION ONLY (change to Active status)

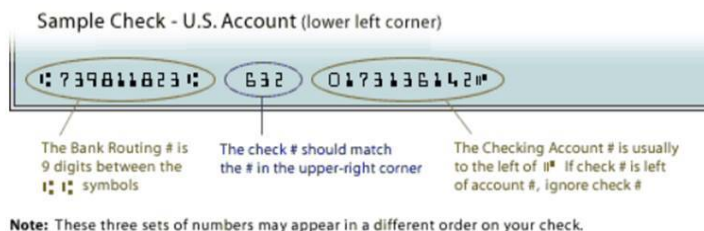
\$15.00 reactivation fee

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:	



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.