



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

CLOSE COMPANY OR BRANCH OFFICE FORM | REC-440

COMPANY BEING CLOSED

THIS IS A FILLABLE FORM

COMPANY NAME		COMPANY NUMBER	FRANCHISE NAME
ADDRESS			
CITY	STATE	ZIP	COUNTY

ADDRESS WHERE TRANSACTION FILES WILL BE MAINTAINED

CUSTODIAN NAME		PHONE NUMBER	
ADDRESS			
CITY	STATE	ZIP	COUNTY

ATTACH REL-300 FORM AND FEE IF APPLICABLE

Submit the [License Change Form \(REL-300\)](#) to do any of the following:

- Deactivate a license
- Change affiliation from this company to another company
- Remove affiliation from this company but continue affiliation at a different company

To find a list of licensees affiliated with a company and access the REL-300 form, visit the KREC website at www.krec.ks.gov.

TRUST ACCOUNT

Does the company maintain a trust account(s)? **No** If no, sign below. Skip next page.

Yes If yes, the current trust account(s) must be closed prior to closing this company. Sign below and include next page.

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 OR BRANCH BROKER

LICENSE NUMBER

SIGNATURE OF SUPERVISING OR BRANCH BROKER

DATE SIGNED

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

PRINTED NAME OF MAIN OFFICE SUPERVISING BROKER

LICENSE NUMBER

SIGNATURE OF MAIN OFFICE SUPERVISING BROKER

COMMISSION USE ONLY INITIALS: _____ DATE ENTERED: _____
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**CLOSE COMPANY OR BRANCH OFFICE FORM | REC-440
REPORT ON CLOSING TRUST ACCOUNT**

If there are funds in the account which you are unable to disburse, contact KREC before closing the trust account and submitting this form. If the funds have been in the account for five or more years, they may qualify for disbursement to the real estate recovery fund [K.S.A. 58-3061(i)]. You may mail copies of contracts and any other documentation which reflects the date that such funds were deposited, along with any information pertaining to efforts to disburse the funds to KREC at the address listed above. After review of the documentation, we will notify you whether or not the money can be disbursed to the recovery fund.

INSTRUCTIONS

Complete the trust account information below and sign. This form is fillable online.

If more than one account has been closed, complete a separate form for each account.

THE TRUST ACCOUNT NAMED BELOW HAS BEEN CLOSED:

TRUST ACCOUNT NAME	ACCOUNT NUMBER
BANK, SAVING AND LOAN ASSOCIATION, OR CREDIT UNION NAME	

REASON FOR CLOSING TRUST ACCOUNT

CLOSING OFFICE USING 3RD PARTY ESCROW OTHER: _____

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 close a branch office.

PRINTED NAME OF MAIN OFFICE SUPERVISING BROKER

LICENSE NUMBER

SIGNATURE OF MAIN OFFICE SUPERVISING BROKER

DATE SIGNED

COMMISSION USE ONLY	
Initials: _____	Date Entered: _____



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LICENSE CHANGE FORM | REL-300

[as authorized by KSA 58-3047(b) and (c)]
THIS FORM IS FILLABLE ONLINE

Licensee Name

License Number

I WANT TO MOVE MY LICENSE FROM ONE COMPANY TO ANOTHER (Deactivate and Reinstatement) *(No fee applies)*.

I have notified my current supervising broker of my intent to terminate my affiliation and have discussed any pending transactions and agreements.

I WANT TO REACTIVATE MY LICENSE (Change to Active Status) *(No fee applies)*. 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've also re-passed the licensure exam.

I WANT TO DEACTIVATE MY LICENSE (Change to Inactive Status) *(No fee applies)*. I understand I must continue to renew my license in order to avoid its expiration and reactive the license within two years to avoid additional education and exam requirements.

I WANT TO ADD OR REMOVE AN AFFILIATION WHILE MAINTAINING AN EXISTING AFFILIATION *(No fee applies)*

TERMINATING COMPANY INFORMATION	
Company Name	Company Number
NEW COMPANY INFORMATION	
Company Name	Company Number
Address	Broker License Number

LICENSEE SIGNATURE	
SIGNATURE	DATE

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 reinstatement or reactivation is processed.

NEW SUPERVISING/BRANCH BROKER CERTIFICATION	
<i>I hereby accept the responsibility of supervising the above-named licensee (or office, if you are the broker).</i>	
SIGNATURE	DATE

CONTINUED SUPERVISING/BRANCH BROKER CERTIFICATION (Maintaining Existing Affiliation)	
<i>I hereby acknowledge and agree to the additional company affiliation for the above-named licensee.</i>	
SIGNATURE	DATE