



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 attached 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



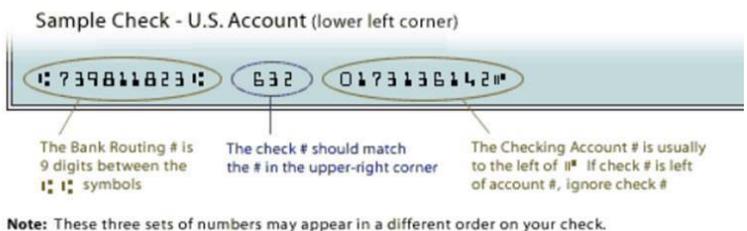
OPEN COMPANY OR BRANCH OFFICE FORM | REC-430 for \$100 Open Office Fee

Option 1: CREDIT/DEBIT CARD PAYMENT INFORMATION

Applicant Name:	Email Address: (optional for electronic receipt)	Zip Code:	Expiration Date:																																								
<p>Card Information:</p> <p> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover </p> <p> <input type="checkbox"/> American Express </p>																																											
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>										
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																					

Option 2: ELECTRONIC CHECK PAYMENT INFORMATION

Account Holder Name:	Email Address: (optional for electronic receipt)																																							
Account Type:	Check Number (optional)																																							
<input type="checkbox"/> Personal <input type="checkbox"/> Business																																								
Routing Number:	Account Number:																																							
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																				<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																				



Submit to the Kansas Real Estate Commission by:

Email: krec@ks.gov

Fax: 785-296-3411.

If you prefer to provide your credit card or electronic check information by phone, call 785-296-3411 *after* emailing/ faxing your documents. **After processing your payment, this page will be shredded.**



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

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



(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"/>

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