

Instructions

This application must be received by the Commission within three months after the expiration date of the temporary salesperson's license. The application **must** be accompanied by:

1. Copy of certificate of completion of the 30-hour Salesperson's Post-License Course; and
2. Check, made payable to the Kansas Real Estate Commission, for the **\$50.00 late fee plus the appropriate prorated license fee***.

*Contact Norma Rolfe at the Commission office at (785) 296-3413 or e-mail her at norma.rolfe@krec.state.ks.us for the appropriate prorated license fee.

Mail the completed form, certificate of completion and fees to: **Kansas Real Estate Commission, Three Townsite Plaza, Ste. 200, 120 SE 6th Ave., Topeka, KS 66603-3511.**

LATE APPLICATION FOR STANDARD SALESPERSON'S LICENSE

Please Print or Type

LICENSEE'S NAME: _____ LICENSE #: _____

RESIDENCE ADDRESS: _____
(If a P.O. Box is used, street or RR must also be shown) City State Zip Code

RESIDENCE PHONE: (_____) _____ SOCIAL SECURITY #: _____

DATE TEMPORARY SALESPERSON'S LICENSE EXPIRED: _____ E-MAIL ADDRESS: _____

MY LICENSE IS TO BE ISSUED ON : INACTIVE STATUS
ACTIVE STATUS ----- (COMPANY SECTION BELOW MUST BE COMPLETED)

Yes No **Have you performed any real estate activities since the expiration date of your license?**
If yes, attach an explanation describing your activities, including a list of all listings, pending and closed transactions. The list of activities must include the date of the listing, the date of the contract, the names of the parties to the contract, and the status of the transaction.

DATE SIGNATURE OF LICENSEE

TO BE COMPLETED BY SUPERVISING OR BRANCH BROKER

The section provided below **must** be completed in order to convert a license on **active** status. Failure to complete any portion may result in delay in the reissue of the license. Please Print or Type.

COMPANY NAME: _____ COMPANY ID #: _____

COMPANY PHONE #: (_____) _____ COMPANY FAX #: (_____) _____

COMPANY ADDRESS: _____
(If a P.O. Box is used, street or RR must also be shown) City State Zip Code

DATE SIGNATURE OF SUPERVISING/BRANCH BROKER

| FOR COMMISSION USE ONLY | |
|-------------------------|---------|
| FEE: | PREFIX: |
| EXPIRATION DATE: | |
| DEPOSIT DATE: | |