

REQUEST FOR CERTIFICATION OF KANSAS REAL ESTATE LICENSE

DATE OF REQUEST: _____

LICENSE #: _____

FULL NAME (as it appears on your license): _____

RESIDENCE ADDRESS: _____
Street City State ZipCode

DAYTIME PHONE NUMBER: _____ CELL PHONE #: _____

LICENSE STATUS: _____ Active _____ Inactive _____ Expired

If license is currently on active status, indicate real estate company name and address below.

COMPANY NAME (as it appears on your wall license): _____

COMPANY ADDRESS: _____
Street City State ZipCode

Reason for the requested certification: For licensure in the state of: _____
(You must fill in the name of the state.)

Other (explain): _____

Mail certification to:

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Return the completed form and fee (\$10 for each certification requested) to: Kansas Real Estate Commission, Three Townsite Plaza, Suite 200, 120 SE 6th Ave., Topeka, KS 66603-3511.

Should you have any questions, please contact the Commission office at (785) 296-3411. Fax number is (785) 296-1771. Please allow 5-10 days turnaround.

FOR COMMISSION USE ONLY

Certification Fee: \$ _____

Deposit Date: _____