



INSTRUCTIONS FOR COMPLETING THE REACTIVATION OF BROKER APPLICATION

NOTE: This form is ONLY to be used when a BROKER or BROKER/SALESPERSON licensee is reactivating their license from inactive status. This form is NOT TO BE USED by a salesperson licensee.

Part I: Full Name of Reactivating Broker – This is the name of the broker licensee who is reactivating. Include your current resident address and phone number. **BE SURE TO COMPLETE THE RESPONSIBLE BROKER LINE AND INCLUDE THE COMPANY NAME (IF APPLICABLE).** Your reactivation request CANNOT be processed if MREC does not know who you wish to activate to, or which company you are transferring to (if the responsible broker has a company license). The CORRECT business address **MUST** be listed or your request CANNOT be processed.

NOTARY SECTION – ONLY SIGN AND NOTARIZE THIS MIDDLE SECTION IF YOU ARE GOING TO BE WORKING AS A BROKER/SALESPERSON UNDER A RESPONSIBLE BROKER. If you are going to be your OWN broker, DO NOT CHECK THE BOX AND DO NOT SIGN THIS SECTION!

Part II: The new responsible broker completes this section, signs, and the signature must be notarized. If you are reactivating to yourself, your name should be in both blanks, and you sign accepting responsibility for yourself.

BEFORE MAILING, BE SURE THE FOLLOWING HAVE BEEN ADDRESSED:

- Application **MUST** be typed or printed. If it is printed, be sure handwriting is VERY CLEAR. MREC is not responsible for any misprints due to illegible handwriting.
- **ALL** questions have been answered in their entirety.
- The original wall license is included if not previously submitted to MREC.
- **All continuing education and E & O insurance are up to date.**
- The application must be notarized and must be received by MREC within 60 days of the notary date.

Mississippi Real Estate Commission

**LeFleur's Bluff Tower, Suite 300
4780 I-55 North, Jackson, MS 39211**

OR

Post Office Box 12685

Jackson, MS 39236-2685

(601) 321-6970 – Telephone * (601) 321-6955 – Fax

REACTIVATION OF BROKER

(Application will not be accepted unless typed or printed- **CLEARLY**)

PART I ESTABLISHMENT OF NEW BROKER – BROKER AGREEMENT

A. Full Name of Reactivating Broker _____
(PRINT) (Home Phone)

Applicants Resident Address _____
(Number & Street) (City/State) (Zip Code)

Company Name (if applicable) _____

Business Address _____
(Number & Street) (City/State) (Zip Code)

☐ I will be working in the capacity of broker-salesperson and will not act independently as a broker.
I hereby request my license be issued to the above NEW responsible broker. (Check box if this applies to you.)

Reactivating Broker's name -printed Signature of Reactivating Broker

SUBSCRIBED and SWORN to before me, this _____ day of _____, 20____

My Commission expires _____
(County) (State)

NOTARY PUBLIC

B. I _____, hereby certify that I am duly licensed broker in the State of
(Name of Responsible Broker)
Mississippi and have "carefully investigated" the record of _____ who has
(Name of Reactivating Broker)
made application for transfer of his/her license to my real estate brokerage business. I hereby approve such
application and "accept full responsibility" for this broker-salesperson.

Responsible Broker's name - printed Signature of Responsible Broker

SUBSCRIBED and SWORN to before me, this _____ day of _____, 20____

My Commission expires _____
(County) (State)

NOTARY PUBLIC