

INSTRUCTIONS FOR COMPLETING THE REACTIVATION OF SALESPERSON APPLICATION

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

Part I: Full Name of Reactivating Salesperson – This is the name of the salesperson 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 – Must be signed by the transferring salesperson.

Part II: The new responsible broker completes this section, signs, and the signature must be notarized.

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

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OR

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REACTIVATION OF SALESPERSON

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

PART I ESTABLISHMENT OF NEW BROKER – SALESPERSON AGREEMENT

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

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

Company Name (if applicable) _____

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

Reactivating Salesperson's name - printed *Signature of Reactivating Salesperson*

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
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