



Georgia Real Estate Commission Georgia Real Estate Appraisers Board

229 Peachtree Street NE
Suite 1000 - International Tower
Atlanta, GA 30303-1605
Phone: 404-656-3916
Email: greemail@grec.state.ga.us

Application to Close A Firm *(or place on Inactive status)*

This form can be filled out online. Print TWO copies: one to sign and submit for processing and one for your records. Once the completed application, including all supporting documents, is received it will be processed.

- There is not a fee for this application. It may be submitted by fax, email, mail or in person.
- All affiliated licensees, except for the Qualifying Broker (or Broker, if a Sole Proprietorship), must be released** from the Firm before this application can be processed. Licensees may be released online *OR* by submitting a Change Application for each individual.
- All Firm Trust Accounts must be closed.** This may done in Section C of this application or prior to submitting this application by using the online system, or by submitting the Trust Account Registration form.
- Attach any supporting documentation, *if required*.

Section A Firm Information

Firm Name: Firm License #

(1) Status Requested: **Closed** (Cannot be re-opened without submitting new 'Open A Firm' application and fee)
 Inactive (License may be re-acted in the future, as long as renewal fees are paid)

(2) Reason for Closing: Voluntary
 Broker Deceased (attach obituary or death certificate)
 Other (specify): _____

Effective Date:

Section B Broker Information

Broker Name: GA License #

Select ONE option below:

- (1) No other changes need to be made to my individual broker record because I am already affiliated with another firm(s) in addition to the one named on this application.
- (2) I am requesting to place my license on INACTIVE status.
- (3) I am opening a new firm where I will be the broker. **NOTE:** Attach an 'Open a Firm Application'.
- (4) I am going to become a qualifying broker of an existing firm.
NOTE: Attach a 'Change of Qualifying Broker' application to affiliate with the firm.
- (5) I will become an associate broker at another firm. **NOTE:** Your new broker must complete and sign below:

Firm Name:	<input type="text"/>	Firm License #	<input type="text"/>
Broker Name:	<input type="text"/>	Firm Phone:	<input type="text"/>
New Broker Signature:	<input style="background-color: yellow;" type="text"/>	Date:	<input type="text"/>

FOR OFFICE USE ONLY

Rec Dt	Rec By	Fee	Proc By & Proc Dt	Codes	INV	LIC #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Section C

Firm Trust Accounts

List all Firm Trust Accounts as registered with the Commission. (Attach additional sheets, if necessary.)

Account #	Bank Name	Estimated Close Date

Section D

Location of Firm Records

Copies of all sales contracts, brokerage engagements, closing statements, leases, trust account journals and other documents related to real estate transactions are required to be maintained by the broker for at least 3 years. [See Chapter 520-1-.10(4)]. Please provide the address where these documents will be maintained:

Street Address:	<input type="text"/>	GA License #:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
Name of Broker, or custodian of records:	<input type="text"/>		
Phone Number:	<input type="text"/>		

Section E

Certification

Certification of Broker or Designated Representative

If this application is being submitted by fax or email, I will ensure that any licensee wall certificates in my possession will be given to the respective licensee to bring to his/her new broker, or destroyed, as necessary.

I hereby certify the information provided in this application is true to the best of my knowledge and belief.

Signature:

Date: