



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: grecmal@grec.state.ga.us

Application to Activate A Firm License

This form may be used **only to Activate an Inactive Real Estate Firm** license. No fee is required and the form may be submitted by mail, email, or in person.. (If the Firm license is **lapsed**, submit a *Firm Reinstatement Application* instead of this application.)

Section A Firm Information

Firm Name: Firm License #

Status Requested: ACTIVE

Business Address:

City: State: Zip Code:

County: Business Phone:

Mailing Address:

City: State: Zip Code:

County: Alternate Phone:

Email:

Trust / Escrow Account Information

Will this Firm hold real estate escrow / trust funds? YES NO

If YES, complete the required Escrow / Trust Account information below.

By law, **all escrow / trust accounts must be federally insured** and used only to deposit the funds of others in real estate brokerage transactions.

Institution Name:

Account Number:

Institution Name:

Account Number:

If additional trust / escrow accounts are used by this Firm, please attach account information on a separate sheet.

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 B

Broker Information

Broker Name:

GA License #:

NOTE: If the broker is **not licensed in Georgia**, you must also submit a **Real Estate Reciprocal Application**, along with this application, and proceed to # 6.

(1) Do you need to activate an inactive Georgia license? YES NO

If Yes, Proceed to # 6

If No, proceed to # 2

(2) Are you affiliated with a firm as an associate broker? YES NO

If Yes, proceed to # 3

If No, proceed to # 5

(3) Will you continue to be affiliated as an associate broker at that firm? YES NO

If Yes, You must have notified your Broker, in writing, that you will be the broker of the firm listed on this application. Proceed to # 5.

If No, proceed to # 4.

(4) Your broker must release you by completing and signing this section. (If you are at the Firm listed in section A it is not necessary to have them sign.) Proceed to # 5.

Firm Name:

Firm License #

Broker Name:

Phone Number:

Broker Signature:

Date:

(5) If you are the qualifying broker of a firm(s), other than the one listed on this application, will you remain as the broker of that firm?

If Not Applicable or Yes, proceed to #6.

If No, attach a separate 'Change of Qualifying Broker' application.

Not Applicable YES NO

(6) Certification of Broker

I hereby authorize a representative of the Georgia Real Estate Commission and Appraisers Board to periodically obtain and receive any criminal history record information on me which may be in the files of any federal, state, or local criminal justice agency.

I hereby agree that, by law, if applying for Partnership, Limited Liability Company, or Corporation, the qualifying broker is a partner (if partnership), a member or the manager (if LLC), or an officer (if a corporation); or if applying for a sole proprietorship the broker is the only one with an ownership interest in the firm. In addition, I agree that the qualifying broker, as required by law, is authorized by the firm to bind it to any settlement of a contested case before the Commission as defined in Chapter 13 of Title 50, the "Georgia Administrative Procedure," in which the firm may be named Respondent.

I hereby authorize the Commission to examine any of the firm's real estate escrow / trust accounts at such times as it may direct and certify that I have signatory powers on all of the firm's real estate escrow / trust accounts.

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

Broker Signature:

Date: