229 Peachtree Street NE Suite 1000 - International Tower Atlanta, GA 30303-1605 Phone: 404-656-3916

Email: grecmail@grec.state.ga.us

## **Post License Course Reinstatement**

This form can be filled out on-line. Print TWO copies: one to sign and submit for processing and one for your records. If a fee and/or documentation are required, attach to the application and mail to the address above. Once the completed application, including all supporting documents, is received it will be processed. Incomplete applications will be returned unprocessed and result in a \$25.00 charge.

**NOTE:** This application is used to reinstate a Georgia Salesperson license when the due date for completing the required post license course is missed. In order to reinstate a salesperson license using this application without a fee, the following two conditions must be met:

2. The salesp  If these conditi  four months of the	person must have person must have ions are not me he day the licer	ve enrolled in the ve completed the let, the salespers use lapsed or \$10 ed. The fee must	course and pass on must pay an 00.00, plus \$25.0	ed the cours application 0 for every r	se's exa fee of \$ month o	\$100.00 if the or a portion o	e application is of a month bey	received within ond the first four
	tach an <b>educat</b> file with the Co	ion certificate from significate from the commission.	om the school wh	nere the post	license	e course was	completed, IF	not already
Att	ach any suppo	rting documentati	•					
Section A		L	icensee Inf	ormatio	n			
Name:					Lice	ense Number:		
Email:								
<u>l am reque</u>	sting:	Active Status	OI	nactive Sta	tus (prod	ceed to section E	3)	
To obtain an <b>AC</b> T Georgia Real Esta					or non	-resident bro	oker who is lic	censed by the
I request that the entered into the ag	license of the a	bove named lice	nsee be issued	as an affiliat	e of this	s firm, and I	certify that the	e licensee has
Firm Name						Firm License	e #:	
Broker Signature						Date		
Section B			Certific	ation				
Have you conducted a		brokerage activity ES (Documentation		d since your		e lapsed?		
If yes, you must attact I hereby authorize a record information and or local criminal justice	representative d/or full lifetime	of the Georgia F	Real Estate Com	mission to p	eriodic	ally obtain a	nd receive an	y criminal history
I hereby agree not to Georgia until I receive			or hold myself ou	ıt as engagir	ng in or	conducting	real estate bro	kerage activity in
I hereby certify the inf	ormation provid	led in this applica	tion is true to the	best of my	knowled	dge and belie	ef.	
Licensee Signature:						Date:		
Rec Dt	Rec By	Fee	FOR OFFICE Proc By	Proc Dt		Educ	LIC#	INV