



KENTUCKY REAL ESTATE COMMISSION

500 Mero Street 2NE09
Frankfort, Kentucky 40601
(502) 564-7760
<http://krec.ky.gov>

(OFFICE USE ONLY)

PROVIDER HOST FORM

NOTE: This form must be submitted no less than thirty (30) days in advance of the first date you will host the course.

PROVIDER INFORMATION

Name of Host Provider		Provider ID Number
Administrator Name	Administrator Email	

COURSE INFORMATION

Name of Course		
Name of Original Provider		Original Course Number
Instructors:	1.	3.
	2.	4.
Hosting Location (street address)		First Hosting Date
City	State	Zip

CERTIFICATION OF HOST ADMINISTRATOR

I, _____, (print full name) certify that I am authorized to execute this document on behalf of the Host Provider and that the information provided in this application and all its attachments are true. I understand that I am the individual who is personally responsible for overseeing the applicant provider's compliance with all laws and regulations that govern professional real estate education in Kentucky. I understand that any violation of the real estate license law, regulations or provider approval procedure may result in the loss of approval by the Commission.

Signature of Administrator

X

Date