

KENTUCKY REAL ESTATE COMMISSION

656 Chamberlin Avenue, Suite B
Frankfort, KY 40601

Phone: 502-564-7760 or 888-373-3300 Fax: 502-564-1538

Website: krec.ky.gov

Request to close existing Business of Deceased or Incapacitated Principal Broker (KRS 324.425)

PLEASE complete and provide required documentation as noted below.

I, _____ (License# _____),
Sales Associate

hereby request that the Commission grant me the temporary authority to complete and close the existing business of my

Deceased **Incapacitated** Principal Broker, during a period beginning on _____ ending on _____.

(This period shall not exceed (6) months, pursuant to KRS 324.425.)

Attached hereto is proof of death or incapacity of the Principal Broker, whose identifying information follows:

Principal Broker's Name: (printed) _____ License # _____

Firm Name

Firm Street Address

City / State / Zip Code

Firm Telephone Number

I certify that the information given above and the attached supporting documentation is true, correct, and that the Kentucky Real Estate Commission may rely on its truthfulness in considering my request. Disciplinary action, including revocation, may be taken against you if it is determined that facts have been misstated on this document.

Requesting Sales Associate Signature

Date