



KENTUCKY REAL ESTATE COMMISSION

656 Chamberlin Avenue, Suite B
Frankfort, Kentucky 40601
(502) 564-7760
krec.ky.gov

LICENSE RENEWAL FORM

Section 1			APPLICANT INFORMATION		
License Number		Cell No.			
Last Name	First Name	Middle Initial			
Home Address					
City		State	Zip		
Business Email Address			Alternate Email Address		
<p>1. Is your license currently in escrow? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If "Yes", skip to Section 5, then submit your completed License Renewal Form with a check or money order for \$60 payable to the Kentucky State Treasurer.</p> <p>b. If "No", complete this License Renewal Form, then submit it with a check or money order for \$70 payable to the Kentucky State Treasurer.</p> <p>2. I am renewing as an ACTIVE: <input type="checkbox"/> Principal Broker <input type="checkbox"/> Broker <input type="checkbox"/> Sales Associate (Choose One)</p> <p>a. If renewing as a Principal Broker you must complete ALL sections of this form.</p> <p>b. If NOT renewing as a Principal Broker, skip Sections 2 and 3.</p>					

Section 2			BROKERAGE INFORMATION		
Firm Name and Street Address		Work phone			
City		State	Zip		

Section 3			ESCROW ACCOUNT INFORMATION		
Bank Name and Street Address (Must be a Kentucky branch)					
City		State	Zip		
Routing No.			Account No.		



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Section 4 ERRORS & OMISSIONS (E&O) INSURANCE COVERAGE

* All applicants for ACTIVE licensure must obtain E&O coverage for the renewal year before submitting this Form.

1. I have purchased a group policy of E&O insurance through Rice Insurance Services Company, LLC (RISC).
 Yes No

2. If your answer to question 1 was "No", you must submit a completed Private Carrier Certification of Coverage (Form 500) with this Application.

Section 5 APPLICANT AFFIRMATION

I hereby swear or affirm, under the penalty of perjury, that the statements made in this application are true, complete and correct and that all required documentation is complete and attached. I further authorize the Kentucky Real Estate Commission to investigate and confirm the information submitted in this application.

Signature of Applicant

Date

CLEAR FORM

PRINT