

# Kentucky Real Estate Commission

656 Chamberlin Avenue, Suite B, Frankfort, KY 40601

Phone: (502) 564-7760

Toll Free: (888) 373-3300

Website: [krec.ky.gov](http://krec.ky.gov)

## ESCROW DELINQUENCY PLAN

I do hereby request, pursuant to 201 KAR 11:230, Section 6, that the Kentucky Real Estate Commission ("Commission") place my license in escrow, rather than cancel it, for my failure to fulfill the 2017 continuing education requirements, as required under KRS 324.085(1) and 201 KAR 11:230, Section 2.

**Accordingly, I have enclosed the required payment for my request, totaling Five Hundred Ten Dollars (\$510.00) and representing my full payment of:**

1. The Commission's **\$500.00 fine** for my failure to comply with the continuing education requirements for 2017; plus
2. The Commission's **\$10.00 transfer fee** to transfer my license from "active" to "escrow" status.

As required, I have also instructed my principal broker to go online and immediately release my license to the Commission.

Finally, **I UNDERSTAND, ACCEPT, AND AGREE:**

- That this Delinquency Plan, along with my above-referenced payment and any documents required from my principal broker must be received by the Commission or postmarked **on or before later than February 10, 2018;**
- That all payments must be made by check or money order only;
- That I am prohibited from engaging in "real estate brokerage," as defined in KRS 324.010(1), while my license is in escrow;
- That I am not eligible to renew my license for 2018 until my license is in escrow; and
- That I must take the following actions **TO REACTIVE MY ESCROWED LICENSE:**
  - Complete the Kentucky Core Course;
  - Pay the Commission's \$10.00 fee to transfer my license from "escrow" to "active" status;
  - Pay applicable renewal costs;
  - Purchase E & O insurance or provide proof of private coverage; and
  - Provide a letter of acceptance from the principal broker with whom I will be affiliated.

Name: \_\_\_\_\_ License: \_\_\_\_\_ SSN (last 4): \_\_\_\_\_

Residence Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Principal Broker's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Licensee's Signature (Required)

\_\_\_\_\_  
Date