



# KENTUCKY REAL ESTATE COMMISSION

656 Chamberlin Avenue, Suite B  
 Frankfort, Kentucky 40601  
 (502) 564-7760  
<http://krec.ky.gov>

## LICENSE STATUS AND PERSONAL INFORMATION UPDATE FORM

### 1. LICENSEE INFORMATION

Name as it Appears on License			License Number
Nickname Registered with KREC			
<b>Complete the following information in this section with your CURRENT information.</b>			
Alternate or Assumed Name			
Current Home Address			
City	State	Zip	Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Business Location			
City	State	Zip	Is this a new location? <input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Email (Required)			Is this a new email? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Email (Optional)			Is this a new email? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Phone			Is this a new number? <input type="checkbox"/> Yes <input type="checkbox"/> No

**NOTE:** Each request must be submitted with the appropriate fee(s) paid by **Check or Money Order** made out to the **Kentucky State Treasurer**.

I wish to: (Check all that apply)	<input type="checkbox"/> Update my personal information. Proceed to Section 2. <input type="checkbox"/> Request license history certification. Proceed to Section 3. <input type="checkbox"/> Activate or Inactivate my license. Proceed to Section 4.	}	<b>Finally, complete the Certification in Section 5</b>
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### 2. PERSONAL INFORMATION UPDATE

<b>Check all that apply</b>  <b>\$10.00</b> <b>total fee</b> <b>for all</b> <b>changes in</b> <b>this section</b>	<input type="checkbox"/> Name Change:	NEW Name:	
	<b>Note: In order to change your name, you must attach a copy of a form of government-issued identification demonstrating the name change or a copy of the Court's Order of the change.</b>		
	<input type="checkbox"/> Nickname Change:	NEW Nickname:	
	<input type="checkbox"/> Alternate or Assumed Name Change:	NEW Alt. or Ass. Name:	
	To change the Email, Phone Number, Address, or Primary Business Location on file with KREC, check the appropriate box(es). Your information will be updated with the current information from Section 1.		
	<input type="checkbox"/> Email	<input type="checkbox"/> Personal <input type="checkbox"/> Business	<input type="checkbox"/> Primary Business Location
<input type="checkbox"/> Phone Number	<input type="checkbox"/> Personal <input type="checkbox"/> Business	<input type="checkbox"/> Address	<b>Note: If your new address is NOT in Kentucky, you must also complete and submit KREC Form 205, Consent to Jurisdiction and Service of Process.</b>



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### 3. LICENSE HISTORY CERTIFICATION REQUEST

**\$10.00 Fee PER CERTIFICATE**

How many certificates are you requesting? \_\_\_\_\_

Mail the certificate(s) to:  me at the address above OR  the address below.

Attach additional sheet(s) as necessary.

Name	Address		
City	State	Zip	

### 4. ACTIVATE OR INACTIVATE MY LICENSE

<input type="checkbox"/> <b>Inactivate my license</b>  <b>\$10.00 Inactivation Fee</b>	<b>You must initial below, indicating that you understand the following:</b>
	<small>INITIAL HERE</small> I must obtain Extended Reporting Period Insurance in accordance with KRS 324.310 and submit KREC Form 203 before my license will be inactivated.
	<small>INITIAL HERE</small> I must renew my license while it is inactive or it will be cancelled.
<small>INITIAL HERE</small> If I was licensed within the last two (2) years I am still responsible to complete 48 hours of PLE, even though my license will be inactive.	
<input type="checkbox"/> <b>Reactivate my license</b>  <b>\$10.00 Reactivation Fee</b>	Do you participate in the commission group errors and omissions policy? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> - If yes, you must submit this form with an <b>additional \$10.00 E&amp;O Processing Fee.</b> - If no, you must complete and submit KREC Form 203, Certification of Insurance Coverage, with the appropriate fee.
<b>NOTE: Before your license will be reactivated, you must:</b> <input type="checkbox"/> Attach a national criminal history check that is less than ninety (90) days old, consistent with KRS 324.045(4); AND <input type="checkbox"/> Complete all continuing education requirements pursuant to 201 KAR 11:210, Section 9(4); AND <input type="checkbox"/> Complete and submit KREC Form 200, the Acceptance and Release Form, with the appropriate fee.	
Has disciplinary action ever been taken against any professional license you hold in any state while your license was inactive? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach an additional sheet explaining the circumstances of the discipline.	
Have you been charged with or convicted of any state or federal misdemeanor or felony crime while your license was inactive? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach an additional sheet explaining the circumstances of the charge(s) or conviction(s).	

### 5. CERTIFICATION OF LICENSEE

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

Signature of Licensee	Date
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