



## Department of Commerce

Division of Real Estate &  
Professional Licensing

John R. Kasich, Governor  
Andre T. Porter, Director

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[www.com.ohio.gov/real](http://www.com.ohio.gov/real)

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# BROKER

# TRANSFER / REACTIVATION APPLICATION

- This form is interactive. You may, before printing, type your responses directly onto the form.
- Incomplete applications and those that are filled out incorrectly will be returned for correction.
- A check or money order for any fees, made payable to the Division of Real Estate & Professional Licensing, must accompany this application. **Cash will not be accepted.**
- **Individual fees are listed below or in the reactivation fee schedule on page 2.**

### FOR DIVISION USE ONLY

FILE NUMBER

### APPLICANT INFORMATION

|             |            |             |           |        |
|-------------|------------|-------------|-----------|--------|
| FILE NUMBER | FIRST NAME | MIDDLE NAME | LAST NAME | SUFFIX |
|-------------|------------|-------------|-----------|--------|

HOME ADDRESS ☐ Check if new.

|      |       |          |        |                   |
|------|-------|----------|--------|-------------------|
| CITY | STATE | ZIP CODE | COUNTY | HOME PHONE<br>( ) |
|------|-------|----------|--------|-------------------|

E-MAIL ADDRESS

**BROKERAGE INFORMATION:** Enter the information for the company you plan to be associated with in the section below. **SOLE Brokers must complete this section even if the information is the same as entered above.**

|                     |              |
|---------------------|--------------|
| COMPANY FILE NUMBER | COMPANY NAME |
|---------------------|--------------|

|                       |                                 |
|-----------------------|---------------------------------|
| MAIN BUSINESS ADDRESS | DOING BUSINESS AS (D.B.A.) NAME |
|-----------------------|---------------------------------|

|      |       |          |                       |
|------|-------|----------|-----------------------|
| CITY | STATE | ZIP CODE | BUSINESS PHONE<br>( ) |
|------|-------|----------|-----------------------|

**REASON FOR COMPLETING THIS FORM** (Check all that apply. Remit one application fee per form even if you check multiple boxes.)

If return of a license is required, include the **ORIGINAL** license and company addendum.

If original license is lost, please remit a Change Application – Individual with a \$25 fee.

- ☐ **TRANSFER TO A NEW BROKERAGE – \$25 fee** (include the original license and broker addendum from the broker's current company and from the broker's prospective company)
- ☐ **TRANSFER FROM A CORPORATE BROKERAGE TO AN INDIVIDUAL (SOLE) BROKER – \$25 fee** (include a letter from the bank stating that the broker has opened a non-interest bearing trust or special account, including approved account name/approved D.B.A. name and account number; and the original license and broker addendum from the broker's current company)
- ☐ **REACTIVATE LICENSE FROM INACTIVE STATUS – \$25 fee** (include the original license and broker addendum from the broker's prospective company)
- ☐ **REACTIVATE LICENSE TO ACTIVE STATUS FROM RENEWAL SUSPENSION** – see fee schedule on page 2 (include Broker Information and return the original license and broker addendum)
- ☐ **REACTIVATE LICENSE TO INACTIVE STATUS FROM RENEWAL SUSPENSION** – see fee schedule on page 2 (skip Broker Information and return the original license and broker addendum if license was active prior to suspension)
- ☐ **REACTIVATE LICENSE TO ACTIVE STATUS FROM 10-HOUR POST LICENSE EDUCATION SUSPENSION – \$25 fee** (include Broker Information and return original license and broker addendum)
- ☐ **REACTIVATE LICENSE TO INACTIVE STATUS FROM 10-HOUR POST LICENSE EDUCATION SUSPENSION – \$25 fee** (skip Broker Information)
- ☐ **PLACE BROKER LICENSE IN INACTIVE STATUS** – no fee (skip Broker Information and return original license and broker addendum) \* Inactive licensees are required to submit renewal and continuing education by due date every three years.\*
- ☐ **PLACE SALESPERSON LICENSE IN INACTIVE STATUS AND REQUEST BROKER LICENSE – \$25 fee** (include original salesperson license)
- ☐ **PLACE BROKER LICENSE IN INACTIVE STATUS AND REQUEST SALESPERSON LICENSE – \$25 fee** (include the original license and broker addendum)
- ☐ **REACTIVATE LICENSE TO ACTIVE STATUS FROM ENFORCEMENT ACTION – \$25 fee**
- ☐ **REACTIVATE LICENSE TO INACTIVE STATUS FROM ENFORCEMENT ACTION – \$25 fee**

**\*\*PLEASE COMPLETE PAGES 1 AND 2 OF THIS FORM\*\***

**NOTICE:** This application and the information contained therein, except for the social security number, is public record pursuant to Ohio Revised Code 149.43.

**NOTICE:** Refusal of check payment by the drawer's bank may result in a one-hundred-dollar fee to the superintendent or rejection or withdrawal of approval of this application.

Licensees reactivating from **Renewal/Continuing Education Suspension** owe the following fees:

| Renewal Fee | Late Renewal Penalty | Reactivation Fee | Total           | Licensees who have paid the \$180.00 renewal fee should remit the Late Renewal Penalty and the Reactivation Fee. |
|-------------|----------------------|------------------|-----------------|------------------------------------------------------------------------------------------------------------------|
| \$180.00    | \$90.00              | \$25.00          | <b>\$295.00</b> |                                                                                                                  |

**ETHICAL CONDUCT AND LEGAL HISTORY**

PLEASE ATTACH A **COMPLETE EXPLANATION** FOR ANY QUESTIONS ANSWERED "YES."

QUESTIONS CONCERNING PROFESSIONAL LICENSES APPLY TO **ALL PROFESSIONAL LICENSES** REGARDLESS OF PROFESSION.

**SINCE** your most recent filing of an application for Ohio real estate licensure, renewal or transfer/reactivation application, have you:

|                          |     |                          |    |                                                                                                                                                                                            |
|--------------------------|-----|--------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | been disciplined in any manner by any public entity or professional or trade association for any violation of any professional licensing law, regulation or ethical rule?                  |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | been refused or denied any professional license or registration by any public entity?                                                                                                      |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | had any professional license revoked, suspended or limited in any way for any reason?<br>* If license is currently suspended, check "yes." <b>SUSPENSION REASON:</b> _____                 |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | been notified by any public entity or professional or trade association that you were under investigation for any violation of any professional licensing law, regulation or ethical rule? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | been the subject of any unsatisfied judgments?                                                                                                                                             |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | been convicted of, plead guilty to or been granted intervention in lieu of conviction for any unlawful conduct, excluding minor traffic violations? <b>LIST:</b> _____                     |

**THE APPLICANT MUST COMPLETE THE FOLLOWING CERTIFICATION**

I certify that all of the statements on this application and all of the attached materials are complete and accurate. I understand that any false statement on this form may subject me to criminal prosecution and the loss of my Ohio real estate license.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**THE SPONSORING BROKER MUST COMPLETE THE FOLLOWING CERTIFICATION ONLY IF THE APPLICANT IS REQUESTING A SALESPERSON LICENSE (PLACING BROKER LICENSE IN INACTIVE STATUS)**

I hereby certify that, from the investigations made by me, I find the above listed applicant for a real estate license is honest, truthful and of good reputation. I understand that any false statement on this form that is known to me at the time of my signing may subject me to criminal prosecution and the loss of my Ohio real estate license.

\_\_\_\_\_  
NAME OF BROKER (please type or print)

\_\_\_\_\_  
FILE NUMBER

\_\_\_\_\_  
SIGNATURE OF BROKER

\_\_\_\_\_  
DATE