

ARKANSAS REAL ESTATE COMMISSION

612 South Summit Street
Little Rock, AR 72201-4740
(501) 683-8010 FAX: (501) 683-8020

| | |
|---|--|
| Reason for requesting firm name approval: Check One | |
| <input type="checkbox"/> ESTABLISHING A NEW FIRM | <input type="checkbox"/> OPENING A BRANCH OFFICE <i>(Attach letter from main office Principal Broker stating who will be Principal Broker at Branch Office)</i> |
| <input type="checkbox"/> CHANGE OF CURRENT FIRM NAME | |
| <input type="checkbox"/> CHANGE OF ADDRESS TO A DIFFERENT CITY | <input type="checkbox"/> CHANGE OF PRINCIPAL BROKER <i>(attach letter releasing firm name from old Principal Broker)</i> |
| <input type="checkbox"/> OTHER (ATTACH EXPLANATION) | |

REAL ESTATE COMMISSION REGULATION 7.1 APPROVAL OF FIRM NAME

“The commission shall issue no principal broker’s license where the proposed name of the firm is confusingly similar to the name of another firm, is misleading, or would in any way be confusing to the public. It shall be the duty of the principal broker to inquire of the commission concerning the acceptability of the firm name.”

FIRM NAME APPROVAL REQUEST FORM

FIRST CHOICE

SECOND CHOICE

THIRD CHOICE

THE CITY IN WHICH OFFICE WILL BE LOCATED: _____

DAYTIME PHONE NUMBER: () _____ - _____

DO YOU HAVE AN OWNERSHIP INTEREST IN THE FIRM? ___Y ___N. IF NO, PLEASE PROVIDE WRITTEN DOCUMENTATION FROM THE OWNER OF THE FIRM AUTHORIZING YOUR USE OF THE REQUESTED FIRM NAME.

THE DATE INTENDED TO BEGIN USING THIS NAME: _____

PRINT **BROKER’S NAME** AS LICENSED: _____

LICENSE NUMBER: _____

DATE: _____ SIGNATURE: _____

ADDRESS TO MAIL APPROVAL TO: _____

-or- FAX APPROVAL TO: () _____ - _____

**IS YOUR FAX ON ALL THE
TIME?** YES NO