

Section A

Georgia Real Estate Commission Georgia Real Estate Appraisers Board

Email: grecmail@grec.state.ga.us

Salesperson, Associate Broker, Broker, CAM Reinstatement (missed renewal)

This form can be filled out on-line. Print TWO copies: one to sign and submit for processing and one for your records. If a fee and/or documentation are required, attach to the application and mail to the address above. Once the completed application, including any required attachments, is received it will be processed. An application that requires a background investigation may require considerable additional time to process. Incomplete applications will be returned unprocessed and result in a \$25.00 charge. *If your renewal date was within the past 12 months, you can reinstate your license, at a reduced fee, by using Online Services at www.grec.state.ga.us*

Attach a notarized **Lawful Presence Verification** form and a Secure and Verifiable Document as detailed on our web site. (If not already on file with GREC).

Include the non-refundable, reinstatement fee made payable to the Georgia Real Estate Commission.

Complete sections A through E of this application.

Attach any supporting documentation, *if required*, in Section **D**.

Licensee Information

Full Name:	License Number:
Email:	License Type:
Residence Address:	
City;	State: Zip Code:
County:	Phone Number:
Mailing Address:	
City:	State: Zip Code:
County:	Alt Phone # Fax:
	FOR OFFICE USE ONLY

Rec Dt	Rec By	Fee	Proc By & Proc Dt	Codes	Educ	INV	LIC#



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<u>I am requesting</u> :	○ Active Status	◯ Inactive Status				
To obtain an ACTIVE license all salespersons, associate brokers, or community association managers must affiliate with a resident or non-resident broker who is licensed by the Georgia Real Estate Commission. The broker must complete this section.						
I request that the license of the above na entered into the agreement required by Su			ertify that the licensee has			
Firm Name:		Firm License #	±			
GA Broker Signature:		Date:				
Section B	Education Requi	rements				
Indicate below that you have completed the r posted to your record by using Online Servic		n courses. You can view the Co	ontinuing Education Credits			
 2 years or less from the date of lapsing: Inactive Status - No continuing education courses required. Active Status - Requires completion of the continuing education which would have been required if such license was on Active status. 						
Between 2 and 5 years from the date of lapsing: Requires completion of the appropriate pre-license course within one year prior to submitting this application. (As an alternative, you may also reinstate by passing the appropriate state qualifying exam. For details, see the Candidate Handbook at www.goamp.com.)						
More than 5 years from the date of lapsing: Requires qualifying as an original applicant. <i>Do not continue with this application.</i> For details on taking the state exam, see the Candidate Handbook at www.goamp.com. If you are licensed in another state, you may qualify to be licensed by reciprocity. See www.grec.state.ga.us for details.						
Section C	Fee					
To calculate the fee due, complete the worksheet below.						
Enter Date of this Application (mm) (yy)	Enter the Missed F	enewal Date (mm) (yyyy)				
If it is within 4 months of your missed renewal date, your reinstatement fee is \$ 225 \$						
If it has been more than 4 months since you missed your renewal, your reinstatement fee will be \$ 225 <i>plus</i> \$25 for <i>EACH</i> month after this period.						



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Section D	ction D Background Information					
Failure to disclose any conviction, nolo contendere plea, or first offender sentence to a criminal offense, is grounds for denial of your license. Additional information about the Background Clearance is located on the website at <u>www.grec.state.ga.us</u> .						
	-		r than a traffic vi		f, pled nolo contendere to, or been granted first offender riving under the influence (DUI) of alcohol or drugs?	
offense has bee restored, or (5)	pardoned for the teacher, broke n expunged from any similar state	e criminal offense; r, government official m your record, or (3) ment that appears to	you do not have suggest your 're	to disclose the cord' has been	offense is not, or is no longer 'on record', (2) the offense, (4) your civil and political rights have been a cleared; or e National Crime Information Center (NCIC).	
If YES, you must i this agency:	nclude the fo	llowing documen	ts with this ap	plication, UN	NLESS you have already submitted them to	
the convicti court stating (B) For <i>every</i> (1) an ex 2) whet 3) whet	on AND a certif the documents occurrence (incl splanation of the ner you have ma ner you have co	ied copy of the senters are not available.	ence / final dispo DUI) provide a o unding every con itution s of your sentence	sition. If the co detailed writte nviction ce	opy of the citation, accusation, or indictment that led to ourt disposition is unavailable, provide a letter from the on statement that includes:	
(2) Have you ever been	disciplined by th	ne Georgia Real Esta	te Commission o	or the Georgia I	Real Estate Appraisers Board?	
	\circ	YES	0	NO		
				-	ity which regulates any profession? (Disciplinary actions e, or any restriction placed on a license.)	
If you answered "YE already submitted th		n (3), you must in	clude the folic		nents with this application, UNLESS you have	
(B) Provide a (1) an e 2) whet 3) whet	letailed written kplanation of the her you have m her you have co	vide a certified copy statement that inclu e circumstances surro ade any required pay mpleted all condition is currently suspend	des: ounding the disci ment s of your discipli	plinary action	ising agency that imposed the disciplinary action.	
Section E			Certific	ation		
					ppraisers Board to periodically obtain and receive ral, state, or local criminal justice agency.	
I understand that aft Appraisers Board may					ents, the Georgia Real Estate Commission and cess the application.	
I hereby certify the inf	ormation prov	ided in this applica	tion is true and	correct to the	e best of my knowledge and belief.	
Applicant Signature:					Date:	