



**Mississippi Real Estate Commission  
LeFleur's Bluff Tower, Suite 300  
4780 I-55 North, Jackson, MS 39211**

**OR**

**Post Office Box 12685  
Jackson, MS 39236-2685  
(601) 321-6970 – Phone \* (601) 321-6955 – Fax  
[www.mrec.ms.gov](http://www.mrec.ms.gov)**

**FEE: \$75.00**

**APPLICATION FOR BROKERAGE FIRM**

*Unless all questions are fully answered, application will be returned for correction. (Type or Print)*

Name of Brokerage Firm \_\_\_\_\_

Primary Business Address \_\_\_\_\_

<i>City</i>	<i>County</i>	<i>State</i>	<i>Zip</i>	<i>Telephone</i>
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Give the name, titles, addresses, and license numbers of the officers, owners, co-owners, partners or members of the brokerage firm who actively engage in the real estate business.

<i>Name</i>	<i>Address</i>	<i>License Number</i>

Brokerage firm will be licensed as:  Corporation  LLC  Partnership  Sole Proprietorship

Have any of the named officers, owners, co-owners, partners or members of the brokerage firm ever been denied a real estate license?  
YES \_\_\_\_\_ NO \_\_\_\_\_

Has the brokerage firm ever been a defendant in a civil or criminal court proceeding or has anyone ever obtained a judgment against the firm? YES \_\_\_\_\_ NO \_\_\_\_\_

**AFFIDAVIT  
(Read Carefully)**

The undersigned, being the Responsible Broker of \_\_\_\_\_ a Mississippi company, acting for and on behalf of the company with authority to do so, in making this application to the Mississippi Real Estate Commission for license to carry on the business of real estate broker under the provisions of Chapter 73-35 of the Mississippi Code of 1972 annotated, swears (or affirms) that he or she has read and is thoroughly familiar with the provisions of the aforementioned Act, the Rules and Regulations issued by the Commission, and agrees to comply fully with them. The undersigned further swears (or affirms) that all of the information given in this application is true and correct to the best of his or her knowledge and belief.

Name of Company \_\_\_\_\_

Signature of Responsible Broker \_\_\_\_\_

Subscribed and sworn to before me, this the \_\_\_\_\_ date of \_\_\_\_\_, 20 \_\_\_\_\_.

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
County State