



Mississippi Real Estate Commission

LeFleur's Bluff Tower, Suite 300
4780 I-55 North, Jackson, MS 39211

OR

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Jackson, MS 39236-2685
(601) 321-6970 – Telephone * (601) 321-6955 – Fax

www.mrec.ms.gov

\$50.00 Fee

BRANCH OFFICE LICENSE APPLICATION

(Application will NOT be processed unless ALL questions are answered fully. Please type of print.)

1. Name of Applicant _____
2. Business Address _____
(Number & Street) (City/State) (Zip Code)
3. Name of Firm or Partnership _____
4. Branch Office Address _____
(Street/Bldg/Suite Number) (City) (State) (Zip)

(County) (Office Phone) (Other Phone) (Office Fax)
5. (a) Name and License # of Managing Broker who will be in charge of this office. _____
- (b) Name and License # of Responsible Broker. _____
6. Name to be used in advertising and conducting business. _____
7. Do you understand the requirements of the real estate license law as to maintaining a definite place of business and prominent display therein of certificate of registration? _____ Yes _____ No *(if No, explain answer below)*

8. Do you certify that if granted a Branch Office License you will comply with these requirements? _____ Yes _____ No
(if No, explain answer) _____
9. Date original Broker's license secured _____ License Number _____

AFFIDAVIT (Read Carefully)

The undersigned, in making this application to the Mississippi Real Estate Commission (Commission) for license to carry on the business of a real estate broker under provisions of Section 73-35 of the Mississippi Code of 1972, as amended, swears (affirms) that he/she had read and is thoroughly familiar with the provisions of the aforementioned Act and Rules and Regulations of the Commission and agrees to comply fully with them. The undersigned further swears (affirms) that all of the information given in their application is true to the best of his/her knowledge and belief.

Signature of Responsible Broker

SUBSCRIBED and SWORN to before me, this _____ day of _____, 20 _____

My Commission expires _____
(County) (State)

NOTARY PUBLIC