



Mississippi Real Estate Commission

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

OR

\$25.00

Post Office Box 12685
Jackson, MS 39236-2685

(601) 321-6970 – Telephone * (601) 321-6955 – Fax

www.mrec.ms.gov

REACTIVATION OF BROKER

(Application will not be accepted unless typed or printed)

PART I ESTABLISHMENT OF NEW BROKER – BROKER AGREEMENT

A. Full Name of Reactivating Broker _____
(Home Phone)

Applicants Resident Address _____
(Number & Street) (City/State) (Zip Code)

Company Name (if applicable) _____

Business Address _____
(Number & Street) (City/State) (Zip Code)

I will be working in the capacity of broker-salesperson and will not act independently as a broker.
 I hereby request my license be issued to the above NEW responsible broker. *(Check box if this applies to you.)*

Signature of Reactivating Broker

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

My Commission expires _____
(County) (State)

NOTARY PUBLIC

B. I _____, hereby certify that I am duly licensed broker in the State of
(Name of Responsible Broker)
 Mississippi and have “carefully investigated” the record of _____ who has
 made application for transfer of his/her license to my real estate brokerage business. I hereby approve such
 application and “accept full responsibility” for this broker-salesperson.

Signature of Responsible Broker

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

My Commission expires _____
(County) (State)

NOTARY PUBLIC