



Department of Commerce

Division of Real Estate & Professional Licensing

John R. Kasich, Governor
Andre T. Porter, Director

77 South High Street, 20th Floor
Columbus, Ohio 43215-6133

Please visit our website at
www.com.ohio.gov/real

614 | 466-4100
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TTY/TDD: 800 | 750-0750

REAL ESTATE

RESIGN APPLICATION

BY COMPLETING THIS FORM, YOU ARE PERMANENTLY SURRENDERING YOUR OHIO REAL ESTATE LICENSE. THIS FORM IS NOT INTENDED FOR THOSE RESIGNING FROM A REAL ESTATE COMPANY.

- You may type your responses directly onto the form and then print.
- The resignation of a license allows the licensee to permanently give up the license if the licensee no longer wishes to hold the license. The resignation of a license is considered to be final without the taking of any action by the superintendent.
- A licensee whose license is active, inactive or suspended (except due to disciplinary action) may request that the license be resigned.

A resigned status is a permanent status. Once a license is resigned, it cannot be reactivated. A new license must be obtained in accordance with the requirements specified in Ohio Revised Code 4735.07 or 4735.09, as applicable.

REASON FOR COMPLETING THIS FORM

PERMANENTLY RESIGN SALESPERSON LICENSE – FILE NUMBER: _____

***Return original license – applies to active or suspended licenses; no fee.**

This action is considered to be final without the taking of action by the superintendent.

PERMANENTLY RESIGN BROKER LICENSE – FILE NUMBER: _____

***Return original company license and broker addendum – applies to active or suspended licenses; no fee.**

This action is considered to be final without the taking of action by the superintendent.

Please note: Resigning your broker’s license will automatically resign your salesperson license, unless separate action is taken with respect to your salesperson license. Contact the Division for further details.

APPLICANT INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR.)
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HOME ADDRESS

CITY	STATE	ZIP CODE	COUNTY	HOME PHONE ()
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THE APPLICANT MUST COMPLETE THE FOLLOWING CERTIFICATION

I INTEND TO PERMANENTLY GIVE UP MY LICENSE.

I certify that all of the statements on this application and all of the attached materials are complete and accurate. I understand that any false statement on this form may subject me to criminal prosecution. I understand that this action is considered final without the taking of any action by the superintendent.

SIGNATURE OF APPLICANT

DATE

NOTICE: This application and the information contained therein, except for the social security number, is public record pursuant to Ohio Revised Code 149.43.