



Department of Commerce

Division of Real Estate & Professional Licensing
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Columbus, Ohio 43215-6133

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John R. Kasich, Governor

Jacqueline T. Williams, Director

Anne M. Petit, Superintendent

MULTIPLE LICENSE TRANSFER/REACTIVATION AFFIDAVIT

This affidavit shall be used when the license of more than one broker, salesperson, or branch office is being transferred or when the license of more than one broker, salesperson, or branch office is being reactivated from a Principal Broker suspension.

ATTENTION: Effective 7/01/2010, the signatures of all licensees affected by a transfer must be obtained and submitted with this form. Return all five pages of the affidavit to the Division.

TRANSFER - Please complete and submit all five pages of the affidavit. Mark N/A on any pages that do not apply. Transfer Fee Structure: \$25 for each broker, \$25 for each salesperson, and \$15 for each branch office, not to exceed \$6,000. Return the company license and addendum.

I, [Name], make the following affirmations based upon personal knowledge: (Print Principal Broker Name)

- 1. That each licensee whose name and license number is listed in Attachment A or Attachment B has been informed that his/her license will be transferred from [Current Brokerage] to [New Brokerage] on or about [Date of Transfer] and has consented as indicated by his/her signature.
2. Or, if he/she does not consent to said transfer, that his/her name and license number is listed in Attachment C.
3. That any affected branch office is listed in Attachment D.
4. That [New Brokerage] holds the Division harmless for any error or omission occurring in connection with the transfer of the licenses listed in Attachment A or Attachment B.

Principal Broker Signature X [Signature] Broker File# [File Number]

Table with 4 columns: PLEASE NOTE, COMPLETE THE FOLLOWING, TOTAL LICENSES, TOTAL FEES. Rows include BROKERS, SALESPEOPLE, BRANCH OFFICES, and TOTAL FEE FOR ALL TRANSACTIONS.

REACTIVATION - Please complete and submit all five pages of the affidavit. Mark N/A on any page that does not apply. Penalty and reactivation fees apply only to the principal broker. There is no charge to reactivate salespeople, branch offices, or companies from a Sole-Broker suspension. Return all affected licenses including the company or sole-broker license, all salesperson licenses, and any branch office licenses.

I, [Name], make the following affirmations based upon personal knowledge: (Print Principal Broker Name)

- 1. That each licensee whose name and license number is listed in Attachment A or Attachment B has been informed that his/her license will be reactivated to [New Brokerage] and has consented to such reactivation as indicated by his/her signature.
2. Or, if he/she does not consent to said reactivation, that the name and license number of those licensees who have not consented to such reactivation are listed in Attachment C.
3. That any affected branch office is listed in Attachment D.
4. That [New Brokerage] holds the Division harmless for any error or omission occurring in connection with the reactivation of the licenses listed in Attachment A or Attachment B.

Reactivation Date: [Date] Principal Broker Signature: [Signature] Broker File #: [File Number]





THE LICENSEES LISTED BELOW DO NOT CONSENT TO TRANSFER.

**ATTACHMENT C – NOT CONSENTED**

OLD BROKERAGE NAME		OLD FILE NUMBER	
NEW BROKERAGE NAME (FOR TRANSFERS ONLY)		NEW FILE NUMBER (FOR TRANSFERS ONLY)	
NEW BROKERAGE ADDRESS (FOR TRANSFERS ONLY)		NEW PHONE	NEW FAX
CITY	COUNTY	STATE	ZIP CODE

FULL NAME OF LICENSEE	LICENSE	LICENSE NUMBER
	<input type="checkbox"/> BROKER <input type="checkbox"/> SALESPERSON	
	<input type="checkbox"/> BROKER <input type="checkbox"/> SALESPERSON	
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**ATTACHMENT D – BRANCH OFFICES**

**FEE: \$15 PER BRANCH**

OLD BROKERAGE NAME	OLD FILE NUMBER		
NEW BROKERAGE NAME (FOR TRANSFERS ONLY)	NEW FILE NUMBER (FOR TRANSFERS ONLY)		
NEW BROKERAGE ADDRESS(FOR TRANSFERS ONLY)	NEW PHONE	NEW FAX	
CITY	STATE	ZIP CODE	

**BRANCH OFFICE INFORMATION**

OLD BRANCH OFFICE ADDRESS	OLD FILE NUMBER		
CITY	STATE	ZIP CODE	
NEW BRANCH OFFICE ADDRESS	NEW FILE NUMBER		
CITY	STATE	ZIP CODE	

**BRANCH OFFICE INFORMATION**

OLD BRANCH OFFICE ADDRESS	OLD FILE NUMBER		
CITY	STATE	ZIP CODE	
NEW BRANCH OFFICE ADDRESS	NEW FILE NUMBER		
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**BRANCH OFFICE INFORMATION**

OLD BRANCH OFFICE ADDRESS	OLD FILE NUMBER		
CITY	STATE	ZIP CODE	
NEW BRANCH OFFICE ADDRESS	NEW FILE NUMBER		
CITY	STATE	ZIP CODE	

**BRANCH OFFICE INFORMATION**

OLD BRANCH OFFICE ADDRESS	OLD FILE NUMBER		
CITY	STATE	ZIP CODE	
NEW BRANCH OFFICE ADDRESS	NEW FILE NUMBER		
CITY	STATE	ZIP CODE	

**BRANCH OFFICE INFORMATION**

OLD BRANCH OFFICE ADDRESS	OLD FILE NUMBER		
CITY	STATE	ZIP CODE	
NEW BRANCH OFFICE ADDRESS	NEW FILE NUMBER		
CITY	STATE	ZIP CODE	

TRANSFER THESE TOTALS TO THE TABLE ON PAGE 1 Attach additional pages as needed	TOTAL NUMBER OF BRANCH LICENSES	
	TOTAL BRANCH OFFICE TRANSFER FEES	\$