



Department of Commerce

Division of Real Estate & Professional Licensing

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

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Columbus, Ohio 43215-6133

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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 Sole-Broker suspension.

ATTENTION: Effective 7/01/2010, the signatures of all brokers and salespeople 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, (Print Broker Name), make the following affirmations based upon personal knowledge:

- 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 their signature contained herein.
2. Or, if he/she does not consent to said transfer, that the name and license number of those licensees who have not consented to such transfer 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 transfer of the licenses listed in Attachment A or Attachment B.

Broker Signature X Broker File #

Table with 4 columns: PLEASE NOTE: BROKERS AND SALESPEOPLE AFFECTED MUST SIGN PAGE 2 OR 3 OF THIS AFFIDAVIT., COMPLETE THE FOLLOWING, TOTAL LICENSES, TOTAL FEES. Rows include BROKERS (Attachment A), SALESPEOPLE (Attachment B), BRANCH OFFICES (Attachment D), 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 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, (Print Broker Name), make the following affirmations based upon personal knowledge:

- 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.
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: Broker Signature: Broker File #:

COM 6383 (Rev. 07/2010)

NOTICE: Refusal of check payment by the drawer's bank may result in a one-hundred-dollar fee payable to the superintendent or rejection or withdrawal of approval of this application.

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

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	COUNTY	STATE	ZIP CODE + 4
BRANCH OFFICE INFORMATION			
OLD BRANCH OFFICE ADDRESS		OLD FILE NUMBER	
CITY	COUNTY	STATE	ZIP CODE + 4
NEW BRANCH OFFICE ADDRESS		NEW PHONE ()	NEW FAX ()
CITY	COUNTY	STATE	ZIP CODE + 4
BRANCH OFFICE INFORMATION			
OLD BRANCH OFFICE ADDRESS		OLD FILE NUMBER	
CITY	COUNTY	STATE	ZIP CODE + 4
NEW BRANCH OFFICE ADDRESS		NEW PHONE ()	NEW FAX ()
CITY	COUNTY	STATE	ZIP CODE + 4
BRANCH OFFICE INFORMATION			
OLD BRANCH OFFICE ADDRESS		OLD FILE NUMBER	
CITY	COUNTY	STATE	ZIP CODE + 4
NEW BRANCH OFFICE ADDRESS		NEW PHONE ()	NEW FAX ()
CITY	COUNTY	STATE	ZIP CODE + 4
BRANCH OFFICE INFORMATION			
OLD BRANCH OFFICE ADDRESS		OLD FILE NUMBER	
CITY	COUNTY	STATE	ZIP CODE + 4
NEW BRANCH OFFICE ADDRESS		NEW PHONE ()	NEW FAX ()
CITY	COUNTY	STATE	ZIP CODE + 4
BRANCH OFFICE INFORMATION			
OLD BRANCH OFFICE ADDRESS		OLD FILE NUMBER	
CITY	COUNTY	STATE	ZIP CODE + 4
NEW BRANCH OFFICE ADDRESS		NEW PHONE ()	NEW FAX ()
CITY	COUNTY	STATE	ZIP CODE + 4
BRANCH OFFICE INFORMATION			
OLD BRANCH OFFICE ADDRESS		OLD FILE NUMBER	
CITY	COUNTY	STATE	ZIP CODE + 4
NEW BRANCH OFFICE ADDRESS		NEW PHONE ()	NEW FAX ()
CITY	COUNTY	STATE	ZIP CODE + 4
TRANSFER THESE TOTALS TO THE TABLE ON PAGE 1.		TOTAL NUMBER OF BRANCH LICENSES	
		TOTAL BRANCH TRANSFER FEES \$	