



**Department of Commerce**

Division of Real Estate & Professional Licensing

John R. Kasich, Governor 77 South High Street, 20th Floor  
David Goodman, Director Columbus, Ohio 43215-6133 U.S.A.

Please visit our website at [www.com.ohio.gov/real](http://www.com.ohio.gov/real)

614 | 466-4100  
Fax 614 | 644-0584  
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.)
HOME ADDRESS				
CITY	STATE	ZIP CODE	COUNTY	HOME PHONE ( )

### 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.