



**ARIZONA DEPARTMENT OF REAL ESTATE (ADRE)
Licensing Division**

www.azre.gov
2910 N. 44th Street, Suite 100, Phoenix AZ 85018

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GOVERNOR

JUDY LOWE
COMMISSIONER

BROKER CANDIDATE EXPERIENCE VERIFICATION (FORM LI-226)

Review Guidelines/Instructions BEFORE submitting this form.

CANDIDATE INFORMATION

Print Candidate Name as it appears on Real Estate License:		License Number:	Licensed State:	Expiration Date:
Current Mailing Address:		City:	State:	Zip:
Email Address:	Phone Number:	Alternate Phone Number:		
Job Title with current employer:	Total actual full time hours worked (monthly):	* Start Date:	* End Date:	*

***Must be initialed by Designated (Principal) Broker**

CANDIDATE ATTESTATION

I affirm by my signature below that my representations herein are true and have the actual experience stated.

Candidate Signature X	Date
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BROKER INFORMATION – To be completed by each Employing Broker and/or out of state Designated Broker(s).

Print Designated (Principal) Broker Name as it appears on Real Estate License:		License Number:	Licensed State:	Expiration Date:
Entity (Brokerage) Legal Name & DBA:		Entity License Number:	Expiration Date:	
Entity (Brokerage) Current Mailing Address:		City:	State:	Zip:
Designated (Principal) Broker Email Address:	Phone Number:	Alternate Phone Number:		

Additional statement is attached.

DESIGNATED (PRINCIPAL) BROKER ATTESTATION

I affirm by my signature below (and initials above) that I am the Designated (Principal) Broker for the brokerage named above and that I/the brokerage employed the Candidate named above within the past five (5) years, as indicated by the Start Date and End Date. To the best of my knowledge and belief, the Candidate engaged in activities for the above stated actual full time hours monthly, for which an active license was required (check applicable license type below)

Real Estate Cemetery Membership Camping

Designated (Principal) Broker Signature X	Date
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ADRE VERIFICATION

EXPERIENCE VERIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorized ADRE Signature X
999 APPROVAL STAMP	DATE STAMP
	PROCESS DATE