



Arizona Department of Real Estate (ADRE)
Enforcement & Compliance Division

www.azre.gov

100 North 15th Avenue, Suite 201, Phoenix, Arizona 85007

DOUGLAS A. DUCEY
GOVERNOR

JUDY LOWE
COMMISSIONER

COMPLIANCE - PRACTICE MONITOR ACCEPTANCE
(Designated Broker's Signature) (COM-302)

Respondent: _____
Print Name of Respondent

Consent Order Number: _____ Consent Order dated: _____
i.e.= yearF-DI-000 Commissioner's Signature Date

I, _____, am the Designated Broker of _____
Print Broker's Name Name of Brokerage

I hereby affirm that:

_____ I agree to be the practice monitor for the above named respondent.
Initials

_____ I have read and understand the terms and conditions of the Consent Order.
Initials

_____ I have not been party to any prior disciplinary action by the Department.
Initials

_____ I am not a relative, business partner, or co-owner in any business enterprise with the Respondent.
Initials There is no relationship with the Respondent that may create, or create the appearance of, a conflict of interest or bias.

_____ I understand that I am required to review, sign and have notarized the respondent's quarterly
Initials statements to the Department.

_____ I understand that during the term of the Consent Order, the Respondent may not be a supervisor,
Initials branch manager, partner, owner, co-owner, member or officer of any entity licensed under Title 32, Chapter 20, Arizona Revised Statutes.

_____ My status as Practice Monitor is subject to review and approval by the Department and approval may
Initials be withdrawn at any time upon written notice from the Department.

_____ I will immediately notify the Department in writing if I become aware of any behavior or conduct by
Initials the Respondent that violates real estate statutes or the terms of the Consent Order.

_____ I will immediately notify the Department if the Respondent leaves my employ or if I am no longer able
Initials to act as the Respondent's practice monitor.

Print Name of Designate Broker

Broker's License Number

Signature of Designated Broker

Date

RESPONDENT MUST MAINTAIN THE ORIGINAL OF THIS FORM FOR 5 YEARS.

*For more information or questions visit www.azre.gov