



Arizona Department of Real Estate (ADRE)

Education Division

www.azre.gov

KATIE HOBBS
GOVERNOR

SUSAN NICOLSON
COMMISSIONER

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

REQUEST FOR EXPEDITED INSTRUCTOR APPROVAL APPLICATION (ED-103)

To be used when an ADRE-approved school is seeking approval for an instructor who is currently an ADRE-approved instructor under a primary sponsoring school when an approved primary sponsoring school or secondary non-sponsoring school wishes to add approved courses to an approved instructors or to remove an instructor or instructor course approval from the primary sponsor school/secondary non-sponsor school. If not currently approved as an instructor under a primary sponsor school or not approved in the requested course category, do not use this form, use the ED-101.

CHANGE TYPE (Check all that apply): ☐ Add Course(s) ☐ Remove Course(s) ☐ Add Secondary Non-Sponsor School
☐ Remove Primary Sponsor School ☐ Remove Secondary Non-Sponsor School

INSTRUCTOR INFORMATION AND CERTIFICATION

Instructor's Name: _____ Approval No.: _____ Expiration Date: _____

Mailing Address (if changed): _____ Include City, State & ZIP

Daytime Telephone: _____ Facsimile: _____ Email: _____

- ☐ I am ADRE approved to teach the same course(s) for a Primary Sponsor School.
☐ I am ADRE approved to teach similar courses on this category and/or subject area for my Primary Sponsor School.

Instructor Applicant Signature: _____ Date: _____

SECONDARY NON-SPONSOR SCHOOL (The School for which the Instructor will teach, if applicable):

As the Secondary Non-Sponsor School Owner/Administrator, I have reviewed the instructor's qualifications and credentials and hereby request the Department approve this Instructor to teach the courses specified in this application that are currently on file with ADRE for this School.

School's Legal or DBA Name:

ADRE Approval Number:

Approval Exp. Date:

Owner/Administrator Name (Print /Signature):

Date:

School Approval Number:

Approval Exp. Date:

COURSE(S) THIS INSTRUCTOR WILL/WILL NO LONGER TEACH AT THE _____:
(School's Legal or DBA Name)

Approved Course Title	Category	Course No.	Expiration Date	Add (✓)	Remove (✓)

(Attach additional sheet if more space is needed.)

INSTRUCTOR'S PRIMARY SPONSORING SCHOOL AUTHORIZATION (Required for all Change Types listed above)

Sponsor School's Legal or DBA Name:

ADRE Approval Number:

Approval Exp. Date:

Owner/Administrator Name (Print / Signature):

Date:

School Approval Number:

Approval Exp. Date:

Persons with disabilities who need this document in an alternative format should contact Business Services at 602-771-7766.