



Arizona Department of Real Estate (ADRE)

EDUCATION DIVISION

www.azre.gov

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

KATIE HOBBS
GOVERNOR

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COMMISSIONER

OWNER / ADMINISTRATOR UPDATE

Form No. ED-108

To update existing approval as a real estate school owner or administrator, review the information you previously filed with the Arizona Department of Real Estate ("Department"). If you are not currently approved (see the public database at www.azre.gov), do not use this form, instead use the Owner/Administrator Statement of Qualifications, form ED-106, as applicable, and provide the supporting documentation. For renewal submit the Disciplinary Actions Disclosure (LI-214/244 form) and Proof of Legal Presence. (Forms available at www.azre.gov)

APPLICANT INFORMATION AND CERTIFICATION

Legal Name: _____ Approval #: _____

Mailing Address: _____

City, State ZIP: _____

Telephone: Facsimile (optional): _____ Email (required): _____

I am an (check all that apply): ___ Owner ___ Administrator **AND** ___ Renewal **and/or** ___ Change

I have reviewed the information I previously filed with the Department by a real estate school on my behalf.

_____ My contact information has changed.

_____ My qualifications have not changed.

_____ My qualifications have changed as described on the attached sheet and/or as disclosed in response to the Questionnaire (include degrees or designations attained or relinquished).

☐ DISCIPLINARY ACTION DISCLOSURE (214/244) (Note: Required for renewal application)

Attachment - Disciplinary Actions Disclosure (LI-214/244 form) must be completed, signed and attached hereto. When answering "yes" on LI-214/244 form, supporting documents listed in the Disclosure Document Checklist (LI-400 form) must be provided. Forms available at www.azre.gov.

ATTESTATION

By my signature below, I hereby affirm that:

- I have reviewed the statutory and rule requirements for a Real Estate School set forth in A.R.S. Title 32, Chapter 20, and Arizona Administrative Code Title 4, Chapter 20 (including, without limitation, A.R.S. § 32-2135, 32-2153, A.A.C. R4-28-301 and R4-28-401 through R4-28-405, and R4-28-502 D).
- In the event of a change in my qualifications, I will provide written notice to the Department as required under AAC R4-28-404 and/or R4-28-301.

- I will ensure that I only issue real estate credit to students who have attended and/or completed an approved real estate course, and only for the credit hours and category of credit for which the Department has approved the course. I acknowledge that issuance of any false certification for real estate course completion is grounds for suspension or withdrawal (revocation) of school certification, instructor approval, and may affect other licenses issued to me or to companies that I own or control. A.R.S. §§ 32-2135 and 32-2153
- I acknowledge that the Commissioner may investigate the actions of the School and any school owner, administrator, director and instructor acting in behalf of the School, and may at any reasonable time examine the books and records of the School used in connection with offering courses for real estate credit. I will allow for and accommodate the Department's representative to audit or monitor any approved real estate course or course for which approval is pending.
- The foregoing answers and statements given in this application and attachments are true and correct to the best of my knowledge and belief. I understand that in the event there has been any misrepresentation or willful omission in this application or in any attachments hereto, any approval that may have been granted is subject to suspension or withdrawal (revocation) at any time.
- I authorize the Department to contact any and all persons who it deems necessary to confirm any information contained in this application and do further authorize any person contacted to release such information.

Applicant's Signature: _____ **Date:** _____

Printed Name: _____

The School. This portion is to be completed by an authorized representative of the School (1) owned by the Applicant, or (2) on whose behalf the Applicant will act as Administrator.

School's Legal Name: _____ School Approval #: _____

I have reviewed the credentials and hereby request the Department approve this Applicant as *(check all that apply)*:
___ Owner ___ Administrator at/for this School

Owner/Administrator Name: _____ **Date:** _____

Owner/Administrator Signature: _____