



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 AFFIDAVIT
(Respondent & Designated Broker Notarized-Support Group Confirmation) (COM-201)

LICENSEE AFFIDAVIT

Licensee Name _____ License # _____
Print Name of Respondent

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

I, _____, hereby affirm that since the entering of the above Consent Order:

_____ I have complied with all of the terms and conditions set forth in the above Consent Order.
initials

_____ I have not violated any provision of the Title 32, Chapter 20 of the Arizona Revised Statutes.
initials

_____ I have not violated any provision of the Title 4, Chapter 28 of the Arizona Administrative Code (Commissioner's Rules).
initials

_____ I attest to participation, bimonthly (at a minimum) in support group/counseling attendance specific to
initials
 alcohol and/or drug abuse rehabilitation on the following dates: _____ ; _____ ; _____ ; _____ ; _____ ; _____ .
1st date 2nd date 3rd date 4th date 5th date 6th date

I declare under the penalty of perjury that the above statements are true. (Attach proof of attendance) **THIS FORM MUST BE MAINTAINED FOR 5 YEARS.**

 Respondent's Signature Date

State of Arizona County of _____

The foregoing instrument was acknowledged before me, _____, this _____ day of _____, _____, by _____.

My commission expires: _____
 NOTARY PUBLIC

DESIGNATED BROKER'S (DB) AFFIDAVIT

I, _____, Designated Broker for the above named Respondent, have reviewed the above Affidavit,
Print Designated Broker Name
 and attest to the fact that I, as the named Practice Monitor, continue to monitor the compliance issues of the above named Respondent.

 Designated Broker's Signature Designated Broker's License Number Date

State of Arizona County of _____

The foregoing instrument was acknowledged before me, _____, this _____ day of _____, _____, by _____.

My commission expires: _____
 NOTARY PUBLIC

For more information or questions visit www.azre.gov