



**Arizona Department of Real Estate (ADRE)**  
**Enforcement & Compliance Division**  
[www.azre.gov](http://www.azre.gov)  
100 North 15<sup>th</sup> Avenue, Suite 201, Phoenix, Arizona 85007

**KATIE HOBBS**  
GOVERNOR  
**SUSAN NICOLSON**  
COMMISSIONER

**COMPLIANCE AFFIDAVIT**

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

**LICENSEE AFFIDAVIT**

Licensee Name \_\_\_\_\_  
Print Name of Respondent

License # \_\_\_\_\_

Consent Order Number: \_\_\_\_\_  
i. e. = year F-DI-000

Consent Order dated \_\_\_\_\_  
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](http://www.azre.gov)