



Arizona Department of Real Estate (ADRE)

Enforcement & Compliance Division

www.azre.gov

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

KATIE HOBBS
GOVERNOR

SUSAN NICOLSON
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, understand and agree to the terms, conditions and duties of the Practice Monitor in the
Initials Consent Order.

_____ 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 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Initials be withdrawn at any time upon written notice from the Department.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.

Designated Broker's License
Number

Signature of Designated Broker

Date

License Number of Practice
Monitor (if different than
Designated Broker)

Printed Name of Branch Office Manager assigned
by Designated Broker to act as Practice Monitor
(if applicable)

Signature of Branch Office Manager as assigned by
Designated Broker to act as Practice Monitor
(if applicable)

Date

**RESPONDENT, DESIGNATE BROKER AND IF ASSIGNED BRANCH MANAGER MUST MAINTAIN THE
ORIGINAL OF THIS FORM FOR 5 YEARS. *For more information or questions visit www.azre.gov**