

**ARIZONA DEPARTMENT OF REAL ESTATE (ADRE)**

Licensing Division

www.azre.gov

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

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COMMISSIONER**ENTITY / EMPLOYING BROKER LICENSE APPLICATION (LI-212)****ARS §32-2125 & R4-28-302****SECTION 1: INCOMING DESIGNATED BROKER (DB) INFORMATION** – an answer must be provided to all questions

Incoming DB Name (First MI Last):	Incoming DB License #	Incoming DB License Expire Date:
Email	Phone:	Fax:

Questions		Responses	
1	As a Broker, has the Broker Management Clinic been completed within 23 months prior to this application? ARS §32-2136(C)	<input type="checkbox"/> Yes Date: _____	<input type="checkbox"/> No – STOP Re-apply when current
2	Will this DB/SE reside outside the State of Arizona?	<input type="checkbox"/> Yes Complete Section 3 and 4	<input type="checkbox"/> No
3	Does incoming DB/SE have a PC or PLLC?	<input type="checkbox"/> Yes Proceed to question 4	<input type="checkbox"/> No
4	Is the PC or PLLC a joint PC/PLLC, if applicable?	<input type="checkbox"/> Yes - STOP File for single PC/PLLC or completely remove	<input type="checkbox"/> No <input type="checkbox"/> Not Applicable

☐ Check if Non-resident Broker – complete Section 3 and 4 of this application.**SECTION 2: ENTITY/EMPLOYING BROKER INFORMATION** – attach ADRE “Entity/Employing Broker Name Reservation Approval”

Legal Name (as approved by ADRE)				
Doing Business As (DBA) – if any (as approved by ADRE)				
EIN (Employer Identification Number) or Tax ID# (Required)				
Physical Address of Entity:	Suite	City	State	Zip
Mailing Address: <input type="checkbox"/> Same as above	Suite	City	State	Zip
Email:	Phone:		Fax:	

SECTION 3: TRUST ACCOUNT INFORMATION – established with a Financial Institution located in Arizona**AAC R4-28-302(A)**☐ Check if using Arizona Based Title Company only **OR** fill out trust account information below

Trust Account Name			Trust Account Number		
Financial Institution Name			Phone:		Fax:
Branch Address:	Street #	Street Name	Suite	City	State Zip

☐ Additional account information attached.

SECTION 4: NON-RESIDENT EMPLOYING BROKER INFORMATION – ARS §§32-2151.01(A); 32-2163 and R4-28-302(L)

✓ **A non-resident broker who maintains a principal office outside of Arizona shall:**

- ☐ Establish trust account in Arizona **OR** check above box if using Arizona Based Title Company – enter information in Section 3
- ☐ Maintain all records of transaction(s) in Arizona –
- ☐ Appoint a Custodian of Records

Custodian Name:		
Address:		
Email:	Phone:	Fax:

A non-resident Employing Broker who employs any licensee(s) in the State of Arizona shall:

- ☐ Establish a branch office and appoint an Arizona licensed Branch Manager other than self. Complete the following:
 1. Branch Office Application (Form LI-219)
 2. Delegation of Authority (Form LI-204).

SECTION 5: FINAL REVIEW CHECKLIST:

INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED

A NEW COMPLETED APPLICATION MUST THEN BE RE-SUBMITTED AND WILL BE PROCESSED IN THE ORDER RECEIVED

- ☐ All applicable application documents listed on the New Entity Guidelines & Submittal Checklist are put together in one PDF or submittal package in order
- ☐ ADRE Entity/Employing Broker Name Reservation Notice is not expired
- ☐ Additional Trust Account Information provide on separate sheet – if applicable
- ☐ Certificate of Broker Management Clinic is provided if not already entered to incoming DB's record for continuing education
- ☐ Incoming Designated Broker is inactive or submitting required forms with this application to become inactive
 - ☐ If incoming Designated Broker is currently a Designated Broker or Self Employed Broker
 - o Entity Broker Status Change (Form LI-216)
 - o Signed and dated letter of resignation
 - o Broker Audit Declaration (ONLY if not completed within the past year)

SECTION 6: DESIGNATED BROKER STATEMENT OF ATTESTATION – required of all entity types-ACC R4-28-302

As the Designated broker for _____, I attest that:

- A. The above named Entity / Employing Broker has applied for a broker's license in Arizona;
- B. That each: ☐ officer/director ☐ member/manager ☐ partner,
has read the completed application on the above named entity as submitted to the Department;
- C. All the information contained in this application is true;
- D. That each: ☐ officer/director ☐ member/manager ☐ partner,
Is qualified to do business in Arizona.
- E. That the entity is in good standing with the AZ Corporation Commission (ACC) or Secretary of State (SOS).

Designated Broker Name

Designated Broker Signature

Date

This form is available in alternate formats by contacting the Operations Office at 602-771-7760. Questions regarding this communication can be sent to Jim Knupp, ADRE Deputy Commissioner, at 602-771-7769 or online through the ADRE Message Center.