



Real Estate Agency
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ACTIVATE AN INACTIVE RENEWAL FORM

Rev. 3/2007

Agency Use Only	
	Effective: _____
	Expires: _____
	QC <input type="checkbox"/>
Date Stamp _____	

Activate Inactive Renewal Fee \$120

INSTRUCTIONS

1. An activation of an inactive renewal applies if activating your license less than 60 days after renewing inactive.
2. Original signatures are required. The Agency does not accept faxes.
3. "Personal Mailing Address" is where all mail to the licensee will be sent and is public information. A PO Box or office address may be used.
4. You will be activated with the same license category you currently hold (e.g. broker, principal broker, etc). To change license category at no additional fee with this activation, you must submit a Change License Category Form with this Activate An Inactive Renewal Form.
5. Continuing education is required for activation following an inactive renewal. The Advanced Real Estate Practices Course is required for a Real Estate Broker who: (a) is associated with a Principal Real Estate Broker, (b) was first licensed after July 1, 2002, (c) renewed inactive at their first renewal, and (d) is activating their license now for the first time since that inactive renewal.
6. The license activation will be effective upon actual receipt by the Agency of the completed form and fee.

[Reference: ORS 696.022, 696.174, 696.270; OAR 863-015-0025, 863-015-0030, 863-015-0055, 863-015-0064, 863-015-0065]

LICENSEE ACTIVATING AN INACTIVE RENEWAL

By completing this section and signing below, I am requesting to activate my license following an inactive renewal:

Legal Name of Licensee (please print clearly)	License #	Daytime Phone Number
Personal Mailing Address	City	State & Zip Code
Original Signature of Licensee Making Change	Date	E-mail Address (please print clearly)

AUTHORIZATION TO REACTIVATE

The "authorized licensee" means a licensee who has authority over the use of a Registered Business Name (RBN).

By signing below, I certify that I have the authority to approve the licensee above to activate their license with the following Registered Business Name (RBN). I certify that this reactivating licensee has met the continuing education requirements of ORS 696.174.

Registered Business Name (RBN)	Agency RBN ID #	
Main Office Street Address (must be in Oregon unless reciprocal)	City	State & Zip Code
Name of Authorized Licensee (please print clearly)	License #	Daytime Phone Number
Original Signature of Authorized Licensee	Date	E-mail Address (please print clearly)

PAYMENT

Payment may be made by check or money order payable to the **Real Estate Agency** or by credit card (VISA or MasterCard). Cash payments are accepted only at the Agency. Do not send cash through the mail.

<input type="checkbox"/> VISA	Credit Card Number	Expiration Date (month/year)
<input type="checkbox"/> Master Card		
Credit Card Billing Address	City, State, Zip	Signature Authorizing Credit Card Charge

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