



Real Estate Agency
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 orea.info@state.or.us

DUPLICATE LICENSE REQUEST FORM

Rev. 3/2007

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

Duplicate License Fee \$20

INSTRUCTIONS

1. A duplicate license may be requested only when the original license has been lost or destroyed.
 2. For a real estate broker who is associated with a principal real estate broker, this form must be completed and submitted to the Agency by the principal real estate broker.
 3. Original signatures are required. The Agency does not accept faxes.
- [Reference ORS 696.022, 696.270; OAR 863-015-0025, 863-015-0030, 863-015-0064]

DUPLICATE LICENSE REQUESTED

Legal Name of Licensee (please print clearly)	License #
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AUTHORIZATION TO REQUEST DUPLICATE LICENSE

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 request a duplicate license be issued for the above licensee as the original license has been lost or destroyed:

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

Duplicate License Fee \$20