



**Real Estate Agency**  
 1177 Center Street NE  
 Salem OR 97301-2505  
 Phone: 503-378-4170  
 www.rea.state.or.us  
 orea.info@state.or.us

# INACTIVATE LICENSE FORM (by Principal Broker)

Rev. 3/2007

Agency Use Only	
	Effective: _____
	Expires: _____
	<input type="checkbox"/> 30 Day Ltr
Date Stamp _____	

## No fee required to inactivate license

### INSTRUCTIONS

1. **This Inactivate License Form may be faxed to the Agency at 503-378-3256.**
2. This form is to be used by the principal real estate broker with whom a real estate broker is associated.
3. The license will be changed to inactive status and the relationship with the principal real estate broker (and Registered Business Name if applicable) will be terminated effective upon actual receipt by the Agency of the completed form.

[Reference ORS 696.022; OAR 863-015-0025, 863-015-0030, 863-015-0064, 863-015-0065]

### LICENSE TO BE RETURNED & INACTIVATED

Legal Name of Licensee (please print clearly)	License #
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### AUTHORIZATION TO RETURN & INACTIVATE 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 return the above license and the following information is correct:**

<b>Check one of the two boxes and complete as required.</b>	<input type="checkbox"/> I am hereby requesting the above licensee's relationship with me (and the below Registered Business Name if applicable) be terminated. I have provided written notification of this action to the above licensee. The written notification was done prior to submitting this request to the Agency on the date indicated to the right.	Date of Written Notification
	<input type="checkbox"/> The above licensee removed their license from my possession without permission. I am hereby requesting their relationship with me (and the below Registered Business Name if applicable) be terminated.	
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
Signature of Authorized Licensee	Date	E-mail Address (please print clearly)