



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

LICENSE REACTIVATION FORM

Rev. 3/2007

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

License Reactivation Fee \$75

INSTRUCTIONS

1. A reactivation applies if your license has been inactive for more than 30 days, or it has been more 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 reactivated with the same license category you currently hold (e.g. broker, principal broker, etc). To change license category at no additional fee with this reactivation, you must submit a Change License Category Form with this License Reactivation Form.
5. Continuing education is required for reactivation 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 reactivation 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 REACTIVATING

By completing this section and signing below, I am requesting to reactivate my license:

Legal Name of Licensee (please print clearly)	License #	Daytime Phone Number
Personal Mailing Address	City	State & Zip Code
Original Signature of Reactivating Licensee	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). If the licensee above renewed their license as inactive at their last renewal, 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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