

Inactivation Form

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A former member has one year to reinstate. After one year, application as a new member (including application fee) is required.

Reinstatement Fees: 1 – 90 Days \$0 1 – 365 Days - \$200			
Current Membership Type:			
O Broker	O MLS Only	O Lifetime	
O REALTOR®	O Board Only	O *Affiliate	
O Non-Member Salesperson	O Secondary		
* <i>Reinstatement fees do not apply to</i> Name:		Effective Date:	
Home Address:			
Cell Phone #:	Real Estate Lice	ense #:	
Email Address:			
Inactivating Office Name:		Broker Code:	
Office Address:	City	: Zip:	

In accordance with Article 25 Section 339.2507 of the Occupational Code (Michigan Legislature – Act 299 of 1980) "If a real estate salesperson is discharged or terminates employment with a real estate broker by giving the employer a written notice of the termination, the real estate broker shall deliver or mail by certified mail to the department, within 5 days, the real estate salesperson's license."

Signature is Required for All Inactivations

Brokers/DR: Please check one of the boxes below:

0	I have sent the inactivated agent's license back to the Michigan Department of Licensing and Regulatory Affairs, or transferred the agent's license to a holding company.		
0	I have released the agent's license and the agent's new employer will be accepting their license under tha brokerage in the MiPlus system.		
0	 I intend to complete one of the following options within five (5) days in accordance with Section 339.2507 of the State's Occupational Code: Send the inactivated agent's license back to the Michigan Department of Licensing and Regulatory Affairs 		
	 Transfer the agent's license into a holding company, or Release the license to another brokerage 		
0	Inactivating MLS participation, agent has subscribed to MLS services thru MLS. Attached verification of MLS participation:		
	Primary Board for Membership will be with: Board		
	*Attached verification of membership if other than AAABoR		
0	The inactivated agent will remain with this office as a Non-Member Salesperson. A Non-Member Salesperson Application must be completed if this option is marked. Visit www.AAABoR.com for membership forms. Broker Name (Please enter or PRINT):		
	Broker Signature: Date		
	OR Affiliate Name (<i>Please enter or PRINT</i>):		
	Affiliate Signature: Date		
	For AAABoR Office Use Only: Card Term:		

Date Received:	Date Effective:	Date Processed:
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