

# Midwestern Ohio Association of REALTORS® Inactive Status Request Form

Please submit this form if you or one of your agents plan to return their license to the state, we kindly ask that this form be completed to process your request.

Agent's First Name: \_\_\_\_\_

Agent's Last Name: \_\_\_\_\_

Agent's Phone Number: \_\_\_\_\_

Agent's Email Address: \_\_\_\_\_

Agent's License Number: \_\_\_\_\_

Brokerage Name: \_\_\_\_\_

Brokerage Address (Include city, state, and zip code):

\_\_\_\_\_  
\_\_\_\_\_

Requested Effective Date of Inactive Status: \_\_\_\_\_

- ☐ I understand reactivation may require fulfillment of payment of applicable fees:

This form is filled out by:

- ☐ Agent requesting inactive status - **I acknowledge that both agent and broker/office admin signatures are required**
- ☐ Broker requesting inactive status
- ☐ Office Administrator requesting inactive status

Agent Signature: \_\_\_\_\_

Broker/Office Administrator Signature: \_\_\_\_\_

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