



Arizona Department of Real Estate (ADRE)

Licensing Division

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Phoenix, AZ 85018

JANICE K. BREWER  
GOVERNOR

JUDY LOWE  
COMMISSIONER

**AGREEMENT TO VOLUNTARILY CANCEL LICENSE**

This form is to be completed by **active licensees** to request a **voluntary cancellation** of licensure and submit for approval and processing. Please check the boxes to affirm the information stated.

**Licensee's Full Name** (please print):

**License Number:**

**Expiration Date:**

**Employing Broker's Name:** (please print):

- I fully understand that I have the right to **voluntarily cancel** my license per A.R.S. §32-2137.
- I understand that should I want to reinstate my license, I must **comply** with the **requirements** stated in A.R.S. §32-2131.
- I understand that I am not presently **under investigation** by the Department.
- The Department has **not commenced** any **disciplinary proceedings** against my license.

**Licensee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Broker's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\* Licensee must be active at time of processing. ADRE will handle inactivation\*\* process.**

**Approved:**

\_\_\_\_\_  
**Judy Lowe, Commissioner**

**Date:** \_\_\_\_\_