

REQUEST FOR DETERMINATION OF EXAMINATION FOR RECIPROCAL LICENSING

Must submit certification of licensure with this form

Complete this form online and print it for submission OR print the form and complete it in black or blue ink.

Qualifications to Obtain a Reciprocal License in Alabama

- ❶ Hold a current license on either active or inactive status in the state where you took prelicense coursework and took the entire exam. This is called your qualifying state.
- ❷ Obtain a certification of licensure (license history) from your qualifying state and any other state(s) where you hold or have held a license within the past 5 years.
- ❸ Complete the appropriate 6 hours of Alabama law in either the salesperson or broker prelicense course. Choose the course that corresponds to the license for which you qualify.
- ❹ Pass the Alabama law portion of Alabama's salesperson or broker licensing exam.

Applicants for a reciprocal license should request an evaluation of their status PRIOR to enrolling in the Alabama law class to qualify for the Alabama law portion of the salesperson or broker exam.

This form, along with certification(s) of licensure from your qualifying state plus any other states in which you have been licensed within the past 5 years, may be returned to the Commission by fax to 334.270.9118 or by mail to 1201 Carmichael Way, Montgomery, AL 36106. You may also scan in your certification(s) of licensure and this form and email them to the Commission at arec@arec.alabama.gov.

Please read Rule 790-X-1-.18 BEFORE sending in this form. Go to arec.alabama.gov and click License Law (under Media>Publications). Then click on Table of Contents, scroll down, and click on Rule 790-X-1-.18 to read the qualifications for reciprocal licensure.

PART I

Name as Currently Licensed _____

Name of Qualifying State _____

I am seeking eligibility to take the Alabama law portion of the course and then apply to take the Alabama portion of the exam for
(Check one) Salesperson Broker

PART II

You may have your evaluation mailed, faxed, OR emailed to you. Please complete **ONE** of the following:

Mailing Address _____

City

State

Zip

Fax Number _____

Email Address _____

Signature _____ Phone _____ Date _____