



APPLICATION TO AMEND REAL ESTATE LICENSE: INACTIVATE LICENSE

DO NOT USE THIS FORM TO REINSTATE AN EXPIRED REAL ESTATE LICENSE

PLEASE MAIL THIS FORM TO:
Division of Real Estate
1560 Broadway, Suite 925
Denver, CO 80202
Phone: 303-894-2166

INACTIVATION FEE: **NO FEE REQUIRED**

I WISH TO **INACTIVATE** MY COLORADO REAL ESTATE LICENSE

Licensee must continue to pay renewal fee when due to maintain inactive status.

Name of Applicant _____
(Last) (First) (Middle) (Former/Maiden)

Real Estate License No. _____ License Expiration Date ____/____/____

Date of Birth ____/____/____ Social Security No. ____/____/____

Residence Address _____
(Number & Street) (City) (State) (Zip Code)

Mailing Address (P.O. Box number is not acceptable in place of a physical street address, but please check here if that is your only option to receive mail.) _____
(P.O. Box Number) (City) (State) (Zip Code)

Residence Phone () _____ Business Phone () _____

Applicant's Signature _____ **Date** ____/____/____

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