

Signature of Licensee

REQUEST FOR CERTIFICATION

OF LICENSURE

Missouri Real Estate Commission 3605 Missouri Boulevard PO Box 1339 Jefferson City MO 65109

FOR MREC OFFICE USE ONLY	
	FEE RECEIVED
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General instructions:			
complete Part I -OR- if school, exam and	OT include school, exam or continuing education information, d/or continuing education information is required in addition to the DO NOT COMPLETE BOTH SECTIONS. on in Part III.		
Part I – Complete ONLY this portion if school and exam information is not needed:			
I hereby request a certification of licensure from the Missouri Real Estate Commission to be sent to the address provided in Part III. I do not need the exam and school information provided.			
Name of Licensee (Print)	License Number or Social Security Number		
Signature of Requestor	Date		
Part II – Complete ONLY this portion if school, exam information or continuing education verification must be included:			
I hereby request a certification of licensure from the Missouri Real Estate Commission to be sent to the address provided in Part III. I understand the education and exam information will be included on the certification of licensure and I consent to the release of this information. Check here if continuing education verification is also required by nonresident state.			
Name of Licensee (Print)	License Number or Social Security Number		

THE FOLLOWING INFORMATION IS REQUIRED

Date

Part III Mail the certification to:			
Name:			
Address:			
City:	State:	Zip Code:	