

	<p align="center">KANSAS REAL ESTATE COMMISSION</p> <p align="center">Three Townsite Plaza 120 SE 6th Avenue, Suite 200 www.krec.ks.gov (785)296-3411 Fax: (785)296-1771 krec@ks.gov</p>	<p align="center">LICENSEE CERTIFICATION FORM</p> <p align="center">Form No. REL-140</p>
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REQUEST FOR CERTIFICATION OF KANSAS REAL ESTATE LICENSE

<p>INSTRUCTIONS AND INFORMATION</p>
<p>This is a fillable form. Complete this form to request that KREC certify your Kansas real estate license history. This is usually required to apply for a real estate license in another state. Detailed records for license history are not provided prior to July 1, 2001.</p>

<p>\$10.00 FEE</p>
<p>Provide your credit card information on the attached form and email with this request to krec@ks.gov or fax to 785-296-1771. Alternatively, enclose a check or money order made payable to KREC in the amount of \$10.00 for each certification requested and mail to the KREC address above.</p>

<p>LICENSEE INFORMATION</p>		
<p>NAME (AS LICENSED)</p>	<p>KANSAS LICENSE NUMBER</p>	<p>KANSAS LICENSE STATUS</p>
<p>OTHER NAMES USED</p>	<p>ORIGINAL KS LICENSE DATE (IF KNOWN)</p>	<p>EXPIRATION DATE (IF KNOWN)</p>

<p>SEND THE CERTIFICATION TO:</p>
<p>NOTE: In lieu of a name and mailing address, you may indicate an email address or fax number if an original is not required.</p>

REMINDER: Licensees are required to notify the KREC within 10 days of a name or address change per K.A.R. 86-3-15. To submit a change, use the Licensee Name or Contact Info Change Form (REL-100) downloaded from the Forms link at www.krec.ks.gov.

<p>Initials: _____</p>	<p align="center">COMMISSION USE ONLY</p>		
<p>Date Entered: _____</p>	<p>Fee: \$ _____</p>	<p>Deposit Date: _____</p>	<p>Notes:</p>

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CREDIT CARD PAYMENT INFORMATION

If you prefer to provide your credit card information by phone, call 785-296-3411.

Otherwise, submit to KREC by email or fax.

Email: krec@ks.gov

Fax: 785-296-1771

Licensee Name:	Card Holder: (if different than licensee)	Email Address: (optional/for electronic receipt)
Card Number:	Expiration Date:	Zip Code:
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		

After processing your payment, this document will be shredded.