



Department of Commerce

Division of Real Estate
& Professional Licensing

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REAL ESTATE

VOLUNTARY HOLD REACTIVATION APPLICATION

- You may type your responses directly onto the form and then print.
- Use this form to reactivate a license to active or inactive status from a voluntary hold status within 12 months of requesting the voluntary hold status to avoid going into a resigned status.
- A resigned status is a permanent status. Once a license is resigned, it cannot be reactivated. A new license must be obtained in accordance with the requirements specified in Ohio Revised Code 4735.07 or 4735.09, as applicable.**
- Submit appropriate renewal fee and reactivation fee (see fee schedule on page 2); enter continuing education courses on the Continuing Education Compliance form and enclose copies of the attendance certificates for each continuing education course taken, if applicable.

FOR DIVISION USE ONLY	
FILE NUMBER	

PLEASE NOTE: THIS FORM IS TO BE USED TO REACTIVATE FROM VOLUNTARY HOLD STATUS ONLY WITHIN TWELVE (12) MONTHS OF PLACING A LICENSE INTO VOLUNTARY HOLD STATUS. INACTIVE OR SUSPENDED LICENSEES SHOULD USE THE APPROPRIATE TRANSFER/REACTIVATION FORM TO REACTIVATE A LICENSE.

APPLICANT INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR.)	LICENSE TYPE(S) HELD: BROKER FILE # _____
HOME ADDRESS				SALESPERSON FILE # _____
CITY	STATE	ZIP CODE	HOME PHONE ()	

PROSPECTIVE BROKER INFORMATION – Complete if applicant is reactivating to an active status.

FILE NUMBER	OFFICIAL CORPORATION, L.L.C., PARTNERSHIP OR ASSOCIATION NAME		
MAIN BUSINESS ADDRESS	DOING BUSINESS AS (D.B.A.) NAME		
CITY	STATE	ZIP CODE	BUSINESS PHONE ()

REASON FOR COMPLETING THIS FORM

REACTIVATE LICENSE TO ACTIVE STATUS FROM VOLUNTARY HOLD STATUS Include completed Continuing Education Compliance Form and copies of attendance certificates, if applicable; and appropriate fee – see fee schedule on page 2.

REACTIVATE LICENSE TO INACTIVE STATUS FROM VOLUNTARY HOLD STATUS Include completed Continuing Education Compliance Form and copies of attendance certificates, if applicable; and appropriate fee – see fee schedule on page 2.

LICENSEES – PLEASE NOTE:

- A Salesperson reactivating to Active status must obtain a broker's signature for the certification on Page 2.
- A Broker reactivating to Active status must sign the Applicant Certification.
- A Licensee whose triennial renewal/continuing education deadline passed while the license was in Voluntary Hold status must remit with this application: the appropriate renewal fee and reactivation fee (see fee schedule on page 2), a Continuing Education Compliance Form and copies of continuing education attendance certificates.
- A Licensee's whose 10-hour post licensure education deadline passed while the license was in Voluntary Hold status must remit with this application: the 10-Hour Post Licensure Education Form and a copy of the course attendance certificate.
- A Broker reactivating with an existing company must submit the prospective company's original license with broker addendum along with this application.

NOTICE: Refusal of check payment by the drawer's bank may result in a \$100 fee to the Superintendent or refusal or withdrawal of approval of this application.

NOTICE: This application and the information contained therein, except for the social security number, is public record pursuant to Ohio Revised Code 149.43.



Licensees reactivating from **Voluntary Hold** status should remit the following fees:

License Type:	Renewal Fee* (if applicable):	Reactivation Fee:	Total due:	*A Licensee whose triennial renewal deadline passed while the license was in voluntary hold status should remit the appropriate renewal fee along with the reactivation fee.
BROKER	\$147.00	\$25.00	\$172	
SALESPERSON	\$117.00	\$25.00	\$142	

ETHICAL CONDUCT AND LEGAL HISTORY

- PLEASE ATTACH A COMPLETE EXPLANATION FOR ANY QUESTIONS ANSWERED "YES." QUESTIONS CONCERNING PROFESSIONAL LICENSES APPLY TO ALL PROFESSIONAL LICENSES REGARDLESS OF PROFESSION.

SINCE your most recent filing of an application for Ohio real estate licensure, renewal or transfer/reactivation application, have you:

YES NO been disciplined in any manner by any public entity or professional or trade association for any violation of any professional licensing law, regulation or ethical rule?

YES NO been refused or denied any professional license or registration by any public entity?

YES NO had any professional license revoked, suspended or limited in any way for any reason?

YES NO been notified by any public entity or professional or trade association that you were under investigation for any violation of any professional licensing law, regulation or ethical rule?

YES NO been the subject of any unsatisfied judgments?

YES NO been convicted of, plead guilty to or been granted intervention in lieu of conviction for any unlawful conduct excluding minor traffic violations? LIST: _____

APPLICANT CERTIFICATION – THE APPLICANT MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify that all of the statements on this application and all of the attached materials are complete and accurate. I understand that any false statement on this form may subject me to criminal prosecution and the loss of my Ohio real estate license.

SIGNATURE OF APPLICANT

DATE

BROKER CERTIFICATION – A SALESPERSON REACTIVATING TO ACTIVE STATUS MUST HAVE THE SPONSORING BROKER COMPLETE THE FOLLOWING CERTIFICATION.

I hereby certify that, from the investigations made by me, I find the above listed applicant for a real estate license is honest, truthful and of good reputation. I understand that any false statement on this form that is known to me at the time of my signing may subject me to criminal prosecution and the loss of my Ohio real estate license.

NAME OF BROKER (please type or print)

FILE NUMBER

SIGNATURE OF BROKER

DATE



REAL ESTATE CONTINUING EDUCATION COMPLIANCE FORM

Proof of Continuing Education Compliance may not be submitted earlier than 60 days before the due date.

Each licensee shall submit proof to the superintendent that the licensee has satisfactorily completed thirty (30) hours of continuing education, including the three required courses in **Civil Rights**, **Core Law**, and **Canons of Ethics**.

Each licensee who is seventy (70) years of age or older within a continuing education reporting period shall submit proof that the licensee has completed a total of nine (9) hours of continuing education, including the three required courses in **Civil Rights**, **Core Law**, and **Canons of Ethics**. A licensee who is seventy (70) years of age or older during the reporting period whose license is in Inactive status is exempt from the continuing education requirements specified in this section.

- Enter your name and File Number (license number).
- List each course completed and enclose a copy of the attendance certificate to verify state certification and date of offering. Sign and Date Page 3.
- **Carry-Over Hours:**
 - List carry-over hours from your last reporting period, which you are using for credit this period, under ELECTIVES.
 - List hours that you took this reporting period that you wish to carry-over to the next reporting period (up to 10 hours) in the CARRY-OVER section on page 3.

LICENSEE NAME	LICENSEE FILE NUMBER

CIVIL RIGHTS COURSE (MINIMUM 3 HOURS)

COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	

CORE LAW COURSE (MINIMUM 3 HOURS)

COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	

CANONS OF ETHICS COURSE (MINIMUM 3 HOURS)

COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	

ELECTIVES

COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
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TOTAL HOURS FROM PAGES 2 & 3 (MUST = 30)
(Total hours for licensees over 70 years of age must = 9)

LIST UP TO TEN HOURS OF CARRY-OVER EDUCATION BELOW. If you did not use all of the hours of the last class listed above to reach the 30 total hours, list that class first here with any of the carry over hours.

COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	
COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	
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COURSE PROVIDER	STATE CERTIFICATION (APPROVAL) NUMBER	HOURS
COURSE TITLE	DATE(S) OF ATTENDANCE	
TOTAL CARRY OVER HOURS		

THE APPLICANT MUST COMPLETE THE FOLLOWING CERTIFICATION

I certify that all of the statements on this application and all of the attached materials are complete and accurate. I understand that any false statement on this form or any of the attached materials may subject me to criminal prosecution and the loss of my Ohio real estate license. I attest that I did, in fact, attend the courses listed for at least 90 percent of the time indicated.

SIGNATURE OF APPLICANT

DATE