



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
REQUEST FOR CERTIFICATION OF LICENSURE

MISSOURI REAL ESTATE COMMISSION
 3605 MISSOURI BOULEVARD
 JEFFERSON CITY MO 65109
 OR
 PO BOX 1339
 JEFFERSON CITY, MO 65102

General Instructions

1. For a standard certification that does NOT include school, exam or continuing education information, complete Part I -OR- if school, exam and/or continuing education information is required in addition to the standard certification, complete Part II. DO NOT COMPLETE BOTH SECTIONS.
2. Provide the necessary mailing information in Part III.
3. Attach the required fee of \$10 made payable to MREC per certification or delivery option checked in Part III.

FOR MREC OFFICE USE ONLY
FEE RECEIVED

Part I - Complete only 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
ORIGINAL OR VERIFIABLE ELECTRONIC 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
ORIGINAL OR VERIFIABLE ELECTRONIC SIGNATURE OF LICENSEE	DATE

THE FOLLOWING INFORMATION IS REQUIRED

Part III – Where do you want the certification to go (choose delivery option(s) - email, fax, or mail). IF YOU NEED AN ORIGINAL CERTIFICATION, please complete the mail option.

<input type="checkbox"/> E-MAIL (\$10 per Email Address)			
<input type="checkbox"/> FAX NUMBER (\$10 per Fax Number)			
<input type="checkbox"/> MAIL (\$10 per Address)	NAME		
	ADDRESS		
	CITY	STATE	ZIP CODE