



REQUEST FOR ACTIVATION OF REAL ESTATE LICENSE

REINSTATEMENT/REACTIVATION FEE

Fees for reactivation are temporarily waived. Please scan/send the completed forms to us by email at Contact.REC@llr.sc.gov.

Legal Name: _____ License Number: _____

Home Address: _____
 Street, City, State and Zip Code

E-mail: _____ Daytime Phone: _____

 Licensee Signature

 Date

FEES ARE TEMPORARILY WAIVED

Check One	TYPE OF LICENSE	REACTIVATION FEE
	SALESMAN	n/a
	SALESMAN PROVISIONAL	n/a
	BROKER	n/a
	PROPERTY MANAGER	n/a

.....
THIS SECTION TO BE COMPLETED BY BROKER/PROPERTY MANAGER-IN-CHARGE

COMPANY NAME: _____

TELEPHONE NUMBER: _____ OFFICE CODE NUMBER _____
 (REQUIRED)

 SIGNATURE OF BROKER/PROPERTY MANAGER-IN-CHARGE

 DATE

 PRINT NAME OF BROKER/PROPERTY MANAGER-IN-CHARGE

ATTACH COPIES OF CONTINUING EDUCATION CERTIFICATES, IF APPLICABLE. YOU WILL NEED (10) TEN HOURS OF CONTINUING EDUCATION TO ACTIVATE YOUR LICENSE, FOUR (4) HOURS CORE AND SIX (6) HOURS ELECTIVE. YOU CAN ACCESS THE CURRENT COURSE CALENDAR AT THIS LINK:
<https://llr.sc.gov/re/recpdf/Doc151.pdf>