



ARIZONA DEPARTMENT OF REAL ESTATE (ADRE)

Licensing Division
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 2910 N. 44th Street

JANICE K. BREWER
 GOVERNOR

JUDY LOWE
 COMMISSIONER

REQUEST FOR BROKER CANDIDATE EXPERIENCE VERIFICATION (LI-226)

Please review Guidelines BEFORE submitting this form. Providing false or misleading information to the Commissioner is grounds for denial, suspension or revocation of licensure under A.R.S. § 32-2153(B) (1).

Licensed Experience is required. The candidate named below seeks to qualify for a broker's license in Arizona and must demonstrate "actual real estate experience." If the candidate performed services on behalf of your brokerage that require a real estate, cemetery, or membership camping license (as applicable), please complete the broker portion of this form below and return it to the candidate. If you wish to provide additional information, check the box below and attach it to this form.

CANDIDATE INFORMATION

Print Licensee Name as it appears on Real Estate License	License Number	Licensed State	Expiration Date	
Current Mailing Address	City, State		Zip Code	
Email Address	Phone Number		Alternate Phone Number	
Job Title with Current Employer	Total monthly hours worked		Start Date	End Date
I affirm that my representations herein are true and I have the actual experience stated.				
Signature (Ink Signature Required): _____				
Print Name: _____				
Date: _____				

I, affirm by my signature below that I am the Designated (Principal) Broker named below for the brokerage named below and that I/the brokerage employed the Candidate named above within the past five years. To the best of my knowledge and belief, the Candidate engaged in activities for the above stated hours monthly, for which an active (check one) Real Estate Cemetery Membership Camping license was required. Additional statement is attached.

BROKER INFORMATION – To be completed by each Employing Broker and/or out-of-state Designated Broker(s)

Print Designated Broker Name as it appears on Real Estate License	License Number	Licensed State	Expiration Date	
Entity (Brokerage) Legal Name & DBA	Entity License Number		Expiration Date	
Entity (Brokerage) Current Mailing Address	City, State		Zip Code	
Designated Broker Email Address	Phone Number		Alternate Phone Number	
Print Designated Brokers' Name	Signature Required		Date	

ADRE VERIFICATION – RED INK ONLY

EXPERIENCE VERIFIED YES <input type="checkbox"/> NO <input type="checkbox"/>	Authorized ADRE Signature		
999 APPROVAL STAMP	DATE STAMP	EXPERIENCE VALID THROUGH:	
		PROCESS DATE:	