



CANCEL LICENSE - VOLUNTARILY (FORM LI-218)

Form is completed by licensees to request a **voluntary cancellation** of licensure. **Submit completed form and attachments to the Department through the Department Message Center [Click Here](#)**

Licensee Information

Licensee Full Name (Please Print):		Phone Number:	Email:
<input type="checkbox"/> Active License*	License Number:	Expiration Date:	
<input type="checkbox"/> Inactive License			

Please check the boxes to affirm the information stated.

<input type="checkbox"/> I fully understand that I have the right to voluntarily cancel my license per A.R.S. §32-2137.	
<input type="checkbox"/> I fully understand that, should I want to reinstate my license, I must comply with the requirements stated in A.R.S. §32-2131.	
<input type="checkbox"/> I understand that I am not presently under investigation by the Department.	
<input type="checkbox"/> The Department has not commenced any disciplinary proceedings against my license.	
Licensee Signature: X	Date:

***Broker information and signature only required for active real estate licensees**

Print Employing Broker Name:	
Designated Broker Signature: X	Date:

ADRE will handle inactivation process

Approved (Subject to Commissioner's Approval)

X

Judy Lowe, Commissioner

Date

FOR ADRE USE ONLY

Effective Date		Date Stamp	Receipt
Input Date			
Time Frame	TF-1	TF-2	
Processed By			