



- REQUEST TO ACTIVATE BROKER OR PROVISIONAL BROKER LICENSE
- NOTIFICATION OF PROVISIONAL BROKER SUPERVISION
- NOTIFICATION OF BROKER AFFILIATION
- NOTIFICATION OF SECONDARY BROKER AFFILIATION

After reading the instructions on page two of this form,
 check the appropriate box(es) above and provide all information requested below.

TO BE COMPLETED BY LICENSEE

CERTIFICATION REGARDING LICENSE ACTIVATION:

1. **Resident:** (Do not send course completion certificates.)
 By signing below I certify that I have completed the continuing education course(s) and any postlicensing education required to place my license on Active Status (check one)
 within the last 30 days. more than 30 days before the date shown below.
2. **Nonresident:** (Please refer to the enclosed description of options on page 4 of this document).
 Activation is requested under (check one) Option #1 Option #2 Option #3 Option #4
 For Option 1: By signing below I certify that I hold license # _____ in the state of _____ and that
 it is on Active Status. (NOT YOUR NC LICENSE) (NOT NC)
 For Option 2: By signing below I certify that I have completed the continuing education course(s) required to place my
 license on Active Status (check one)
 within the last 30 days. more than 30 days before the date shown below.
 By signing below I certify that I have completed any postlicensing education required to place my license on Active Status.

TO BE COMPLETED BY BROKERS AND PROVISIONAL BROKERS
 (Provisional Brokers refer to certification description and detailed instructions on page 2 of this form.)

LICENSEE SIGNATURE: _____ DATE: _____
 FULL NAME: _____ LIC. # _____ TYPE: _____
(Type or Print) (B/PB)
 RESIDENCE ADDRESS: _____
(Street Address) (City) (State) (Zip) (County)
 RESIDENCE P.O. BOX (IF ANY) _____
(PO Box) (City) (State) (Zip) (County)
 PHONE: _____ FAX: _____ E-MAIL: _____
 CHECK HERE IF YOUR RESIDENCE ADDRESS IS NEW.

TO BE COMPLETED BY BROKER-IN-CHARGE

SIGNATURE: _____ DATE: _____
 FULL NAME: Andre' P. Allen LICENSE #: 213840
(Type or Print)
 FIRM NAME: The Virtual Realty Group FIRM LICENSE #: _____
 FIRM STREET ADDRESS: 15105 John J. Delaney Dr., Suite 135
 BUSINESS MAILING ADDRESS: 15105 John J. Delaney Dr., Suite 135
Charlotte NC 28277 Mecklenburg
(City) (State) (Zip) (County)
 TYPE OF FIRM: CORPORATION PARTNERSHIP LLC SOLE PROPRIETORSHIP OTHER
 PHONE: 704-674-1475 FAX: 803-675-5120 E-MAIL: andre@vrgnc.com