

1201 Carmichael Way • Montgomery, Alabama 36106  
 Telephone: 334.242.5544 • Fax: 334.270.9118  
**arec.alabama.gov**

## REQUEST FOR DETERMINATION OF EXAMINATION FOR RECIPROCAL LICENSING

**Must submit certification of licensure with this form**

### Qualifications to obtain a reciprocal license in Alabama:

- ❶ Hold a current license on either active or inactive status in the state where you took prelicense course work and took the entire exam. This is called your qualifying state.
- ❷ Obtain a certification of licensure (license history) from your qualifying state and any other state(s) where you hold or have held a license within the past 5 years.
- ❸ Complete the appropriate 6 hours of Alabama law in either the salesperson or broker prelicense course. Choose the course that corresponds to the license for which you qualify.
- ❹ Pass the Alabama law portion of Alabama's salesperson or broker licensing exam.

**Applicants for a reciprocal license should request an evaluation of their status PRIOR to enrolling in the Alabama law class to qualify for the Alabama law portion of the salesperson or broker exam.** This form, along with certification(s) of licensure from your qualifying state plus any other states in which you have been licensed within the past 5 years, may be faxed or mailed to the Commission. You may also scan in your certifications of licensure and email them to the Commission along with a request for determination of reciprocal licensing exam eligibility.

**Please read Rule 790-X-1-.18 before sending in this form.** Go to [www.arec.alabama.gov](http://www.arec.alabama.gov) and click on License Law. Then click on Table of Contents, scroll down and click on Rule 790-X-1-.18, and read the qualifications for reciprocal licensure.

### PART I

Name as Currently Licensed \_\_\_\_\_

Name of Qualifying State \_\_\_\_\_

I am seeking eligibility to take the Alabama law portion of the course and then apply to take the Alabama portion of the exam for (check one):  Salesperson  Broker

### PART II

You may have your evaluation mailed, faxed or emailed to you. Please complete **ONE** of the following:

Mailing Address \_\_\_\_\_

City

State

Zip

Fax (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_@\_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_