STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
TENNESSEE REAL ESTATE COMMISSION
500 James Robertson Parkway
Davy Crockett Tower
Nashville, Tennessee 37243-1151
(615) 741-2273 or (800) 342-4031
Fax: 615-741-0313

LICENSE SURRENDER FORM

I,_____hereby request that my
Print Name
Real Estate license #_____ be terminated, effective upon receipt of this form by the Tennessee Real Estate Commission. I UNDERSTAND THAT THIS TERMINATION IS WITHOUT RECOURSE.

THE LICENSE CERTIFICATE MUST BE ATTACHED.

_____ _____
Signature Date