ARIZONA DEPARTMENT OF REAL ESTATE (ADRE)
Licensing Division
www.azre.gov
100 North 15th Avenue, Suite 201, Phoenix, Arizona 85007

DOUGLAS A. DUCEY
GOVERNOR

JUDY LOWE
COMMISSIONER

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:

☐ Active License* ☐ Inactive License	License Number:	Expiration Date:

Please check the boxes to affirm the information stated.

☐ I fully understand that I have the right to **voluntarily cancel** my license per A.R.S. §32-2137.

☐ I fully understand that, should I want to reinstate my license, I must **comply** with the **requirements** stated in A.R.S. §32-2131.

☐ I understand that I am not presently **under investigation** by the Department.

☐ The Department has **not commenced** any **disciplinary proceedings** against my license.

Licensee Signature:	Date:
X	

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

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

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				