



REACTIVATION EXAM APPLICATION

2/2009



Real Estate Agency
1177 Center Street NE
Salem OR 97301-2505
Phone: 503-378-4170
Fax: 503-378-3256

- INSTRUCTIONS: 1) Please carefully read the "Reactivation Examination Information" brochure for information about the reactivation examination process, including a description of the exam. The brochure is available at www.rea.state.or.us or by calling the Real Estate Agency.
- 2) Applications that are illegible or incomplete will cause a delay in processing your application.
- 3) Please print clearly or type all information. This form can be faxed or mailed to the Agency.
- NOTE: If the form is faxed, DO NOT mail.

SECTION A LICENSEE INFORMATION	
Licensee Name	License #
Address	Daytime Phone Number ()
City, State, Zip	Date of Birth

SECTION B EXAM SELECTION
Exam Type: Check one. <input type="checkbox"/> Broker Reactivation Exam <input type="checkbox"/> Property Manager Reactivation Exam

SECTION C ACKNOWLEDGEMENT & SIGNATURE	
<p>Read this section carefully before signing below.</p> <p>I understand and acknowledge that:</p> <ul style="list-style-type: none"> ▶ upon approval of this completed application and fee, an Eligibility Letter will be mailed to me within approximately two weeks. The Eligibility Letter directs me to contact PSI Examination Services to schedule an exam; ▶ being eligible to take an exam does not mean that I have met all requirements for reactivation of a license; ▶ if I fail the exam for which I am applying, I will not be able to review my test questions; and ▶ if I fail to appear for the exam appointment for which I am scheduled, I forfeit the exam fee. 	
Original Signature of Applicant (<i>Read statement above before signing</i>)	Date

SECTION D PAYMENT	
<p>Exam Fee: \$75. Payment may be made by check or money order payable to the Real Estate Agency or by credit card (VISA or MasterCard). Do not send cash. Complete this section to pay by credit card.</p>	
<input type="checkbox"/> VISA  <input type="checkbox"/> MasterCard 	Card No. _____ - _____ - _____ - _____
Billing Address	Expiration Date (mo/yr) ____ / ____
Authorized Signature	