

LICENSE APPLICATION WITHDRAWAL

PLEASE CHECK THE BOX FOR THE PROFESSION	ON OF THE APPLICATION:				
☐ REAL ESTATE ☐ REAL ESTATE APPRAISAL ☐ HOME INSPECTOR ☐ AUCTION					
COMMUNITY ASSOCATION MANAGER APPRAISAL MANAGEMENT COMPANY					
TYPE OF LICENSE BEING APPLIED FOR:					
NAME ON APPLICATION:					
ADDRESS:					
ADDRESS LINE 2:					
CITY, STATE, ZIP:					
PHONE:	EMAIL:				
CURRENT STATUS OF APPLICATION:					
RECEIVED A NOTICE OF "INTENT TO DENY" PETITION FOR HEARING FILED					
OTHER (BRIEF DESCRIPTION):					
	se type(s) identified above. I understand that if I withdraw this not refund the fees remitted with this application.				
Signature	Date:				