

A. INDUSTRY AND CLASS OF LICENCE <i>(must be completed)</i>			
<input type="checkbox"/> Real estate		<input type="checkbox"/> Associate	
<input type="checkbox"/> Mortgage		<input type="checkbox"/> Associate broker	
B. INDIVIDUAL INFORMATION <i>(must be completed)</i>			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		1. Last name	2. Legal first name
3. Legal middle name(s) <i>(initials not acceptable)</i>		4. Birth Date <i>(mm/dd/yy)</i>	
5. Primary phone number	6. Alternate phone number	7. Primary email address	
8. Brokerage <i>(currently registered)</i>			
C. AUTHORIZATION			
<p>I authorize the Real Estate Council of Alberta to verify any information pursuant to this cancellation from any source. I acknowledge that I am responsible for any costs incurred for such verification.</p> <p>I hereby consent to the Real Estate Council of Alberta's collection, use, and disclosure of my personal information for licensing and other regulatory purposes under the <i>Real Estate Act</i> and in accordance with the <i>Personal Information Protection Act</i>.</p>			
D. INDIVIDUAL REQUESTING CANCELLATION <i>(must be completed)</i>			
This request for cancellation is made by (select ONE only): <input type="checkbox"/> Current Broker/Broker Delegate <i>(complete Section E)</i> . <input type="checkbox"/> Associate/Associate Broker <i>(complete Section F)</i> .			
E. REQUEST FOR CANCELLATION BY BROKER/BROKER DELEGATE			
The employment or association of the above named associate/associate broker has been terminated by the brokerage. I request the Real Estate Council of Alberta cancel the registration of the above named associate/associate broker with the brokerage. I hereby confirm I am not aware of any misconduct relating to fraud, misrepresentation, deception, theft, or unlawful activities on the part of the associate/associate broker.			
The associate/associate broker has been advised of this request for termination of their registration. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Broker/Broker Delegate		Brokerage	
Signature of Broker/Broker Delegate		Date	

F. REQUEST FOR CANCELLATION BY ASSOCIATE/ASSOCIATE BROKER

My employment or association with the above named brokerage has been terminated. I request that the Real Estate Council of Alberta cancel my registration with the brokerage. My broker has been advised in writing of this request.

I have provided to the broker all original documentation and copies of original documents provided to parties or maintained by other brokerages as related to a trade in real estate and/or deal in mortgages, and as required by the *Real Estate Act* and *Real Estate Act Rules*.

Name of Associate/Associate Broker	Current Brokerage
Signature of Associate/Associate Broker	Date

G. AFFIDAVIT (to be completed by Broker/Broker Delegate **OR** Associate/Associate Broker – whomever is making the request for cancellation)

All questions must be answered truthfully and completely. Making a false statement on this affidavit constitutes a criminal offence and is punishable by law and may be considered conduct deserving of sanction by the Real Estate Council of Alberta.

CANADA
PROVINCE OF ALBERTA
TO WIT:

AFFIDAVIT
In the Matter of the *Real Estate Act*

I, _____ of the City of _____ in the Province of _____.
(Legal Name)

DO SOLEMNLY SWEAR I have read and understand all questions and statements. All information on this application is true.

SWORN BEFORE ME AT THE _____ **OF**
_____ **IN THE PROVINCE OF** _____,

THIS _____ DAY OF _____ A.D., _____
(year)

Broker/Broker Delegate signature **OR**
Associate/Associate Broker signature

Commissioner for Oaths/Notary Public/Solicitor Signature

My appointment expires _____
(print or stamp here)