

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
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>		
<p>This request for cancellation is made by (select ONE only):</p> <p><input type="checkbox"/> Current Broker/Broker Delegate <i>(complete Section E)</i>.</p> <p><input type="checkbox"/> Associate/Associate Broker <i>(complete Section F)</i>.</p>		
E. REQUEST FOR CANCELLATION BY BROKER/BROKER DELEGATE		
<p>The employment or association of the above named associate/associate broker has been terminated by the brokerage. I request that 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.</p> <p>The associate/associate broker has been advised of this request for termination of their registration.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
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)

Making a false statement on this affidavit may constitute a criminal offence punishable by law, result in the refusal, suspension or cancellation of an authorization and/or be considered conduct deserving of sanction pursuant to the *Real Estate Act* or Rules.

CANADA
PROVINCE OF _____
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 contained in this cancellation. All responses and information provided by me to RECA in this cancellation are true and accurate.

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

Print name: _____

My appointment expires _____
(print or stamp here)