

ARKANSAS REALTORS® ASSOCIATION
11224 EXECUTIVE CENTER DRIVE, LITTLE ROCK, AR 72211
501-225-2020 LOCAL, 1-888-333-2206 TOLL FREE STATEWIDE
2019 CHANGE REQUEST

The Risk Reduction Committee of the Arkansas REALTORS® Association welcomes suggestions from members for changes to be considered for the 2019 edition of the ARA Real Estate Forms with **YOUR PRINCIPAL or EXECUTIVE BROKER SIGNING OFF** on your suggestion. Please **complete and save** the following form along with YOUR signature and your PRINCIPAL or EXECUTIVE BROKER'S signature and **email to ladonna@arkansasrealtors.com** no later than **April 1, 2018**, **please do not fax** as this data needs to be in **electronic format**. **Due to time constraints, the Risk Reduction Committee cannot consider suggestions for 2019 forms that are received after April 1, 2018.**

Proposed Change in CURRENT Form:

Current Form Name: _____ Paragraph # _____

(PLEASE USE ONE REQUEST FORM PER FORM AND/OR PARAGRAPH)

Recommendation (Suggested language to either add to or replace current language):

ALL INFORMATION ON THIS PAGE IS REQUIRED WHEN MAKING FORM SUGGESTIONS

*****Rationale ***PLEASE NOTE: No suggestions can be accepted without full Rationale**

FOR A CHANGE IN A CURRENT FORM: List in detail what problem(s) you have incurred with the form or your idea for its improvement, you must include a reason you recommend this change

The name of the Agent making the suggestion must be filled out and your PRINCIPAL or EXECUTIVE BROKER must sign off on the suggestion as well. This procedure ensures and encourages proper office communication and understanding by the agent of office policy as set forth by the Broker of a firm. This information is held in confidence by the Chairman and is not released without specific permission.

Firm Name: _____
City _____ Office Phone: _____

Agent's Name: _____
Agent's License Number: _____
Agent's Signature: _____
Agent's Email Address: _____
Agent's Cell Phone Number: _____

Principal/Executive Broker's Name: _____
Principal/Executive Broker's License Number: _____
Principal/Executive Broker's Signature: _____
Principal/Executive Broker's Email Address: _____
Principal/Executive Broker's Cell Phone Number: _____

The Risk Reduction Committee thanks all contributors for their suggestions. Our goal is to protect Buyers, Sellers and Brokers/Agents in real estate transactions.

Bob Walker
2018 Chairman, Risk Reduction Committee