



KENTUCKY REAL ESTATE COMMISSION

500 Mero Street 2NE09
Frankfort, Kentucky 40601
(502) 564-7760
<http://krec.ky.gov>

(Office Use Only)

INSTRUCTOR AFFILIATION FORM

NOTE: This affiliation will expire 12 months from the date you file this form.

INSTRUCTOR INFORMATION

Name of Instructor			Instructor OP Number
Home Address			Email
City	State	Zip	Phone

PROVIDER INFORMATION

Name of Provider			Administrator Name
Address			Administrator Email
City	State	Zip	Administrator Phone

CERTIFICATION OF ADMINISTRATOR

I, _____, (print full name) Administrator of the above-referenced Education Provider, authorize _____ (print Instructor name) to teach on behalf of the provider and will ensure that the Instructor will comply with all relevant laws and regulations regarding the provision of Real Estate Education in Kentucky when teaching on behalf of the provider.

Signature of Administrator

Date

X

CERTIFICATION OF INSTRUCTOR

I, _____, (print full name) certify that the information in this Instructor Affiliation Form is true and correct and that I have submitted a separate Form for each Provider with which I am affiliated.

Signature of Instructor

Date

X