



Georgia Real Estate Commission Georgia Real Estate Appraisers Board

229 Peachtree Street NE
Suite 1000 - International Tower
Atlanta, GA 30303-1605
Phone: 404-656-3916
Fax: 404-656-6650
www.grec.state.ga.us

Salesperson, Associate Broker, CAM Escrow/Trust Accounts

This form can be filled out on-line. Print TWO copies: one to sign and submit for processing and one for your records. If a fee is not required, this form may be faxed to the number above. If a fee is required, attach to the application and mail to the address above. Once the completed application is received it will be processed within 15 business days. Incomplete applications will be returned unprocessed and result in a \$25.00 charge.

Complete section A and then B, C as applicable

Section A Firm Information

Firm Name	<input type="text"/>	License Number	<input type="text"/>
Registered Trade Name: (if any)	<input type="text"/>		
Broker Full Name	<input type="text"/>	License Number	<input type="text"/>

Section B Open Escrow / Trust Account

Open a Trust Account

Attach additional pages to open an additional account

Institution Name	<input type="text"/>		
Account Number	<input type="text"/>	Date Opened	<input type="text"/>
For use by Licensee Name	<input type="text"/>	License Number	<input type="text"/>

I hereby authorize the Commission to examine any of the firm's real estate escrow / trust accounts at such times as it may direct. I certify that the above referenced account(s) are federally insured and are or use for only the deposit of the funds of others in real estate brokerage transactions, as required by law.

I hereby certify the information provided in this application is true to the best of my knowledge and belief.

Licensee Signature	<input type="text"/>	Date	<input type="text"/>
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I hereby approve the above named licensee's opening and maintaining the above cited account to handle funds as permitted by O.C.G.A. §43-40-20 (f) & (h).

Broker Signature	<input type="text"/>	Date	<input type="text"/>
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FOR OFFICE USE ONLY

Rec Dt	Rec By	Fee	Proc By & Proc Dt	Codes	INV	LIC#
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Section C Close Escrow / Trust Account

Close a Trust Account

Attach additional pages to close an additional account

Institution Name

Account Number

Date Closed

Licensee Name

License Number

I, hereby give notice to the Commission that this licensee has closed the following bank trust account(s) which was used for holding the funds of others in real estate brokerage transactions.

Licensee Signature

Date

I, have received notice from the licensee that he/she has closed the above bank trust account which was used for holding the funds of others in real estate brokerage transactions.

Broker Signature

Date