

State of New Jersey

DEPARTMENT OF BANKING AND INSURANCE
REAL ESTATE COMMISSION - LICENSING SERVICES BUREAU
20 WEST STATE STREET
P.O. BOX 474
TRENTON, NJ 08625-0328

Tel: (609) 292-7272 Fax: (609) 292-0944

IRREVOCABLE CONSENT TO SERVICE (SOLE PROPRIETORSHIP ONLY)

	SEE CONSENT TO SERVICE (C		or and representative of
,Р	RINT Full Legal Name of Sole Proprietor		or and representative e.
	PRINT Full Legal Name of Sole	Proprietorship	
as a New Jersey Real Estate Director, or person in charge 45:15-21. Furthermore, on be binding effect upon said sole	consent that any action, or proceeding, arising Licensee may be commenced against it by of the office of the New Jersey Real Estate ehalf of the sole proprietor named within, I proprietor in all courts, and all its entities person within the State of New Jersey.	service in-person, or by certified r Commission (NJREC), pursuant agree that such service shall hav	nail, upon the Executive to N.J.S.A. 45:15-9 and e the same valid legally
SIGN Full Legal Name of	Sole Proprietor Date (mm/d	d/yy)	
PRINT Full legal nam	e of Witness SIGN Fu	II legal name of Witness	Date (mm/dd/yy)
I, CERTIFY that o	on the following datePRINT Month's F	Full Name and Day (i.e June 07)	, 20 <u>(yy)</u>
ne sole proprietor			roven to me on the basis
	PRINT Full Legal Name of Sole Proper person whose name is subscribed to with the the person or entity upon half of which the	n this instrument and acknowled	
OFFICIAL NOTARY SEAL	■ Notary	Attorn	ey
	If a Notary, my Commission expires on (mm/dd/yy):	lf a licensed	
AFFIX	County of:	Attorney	
OFFICIAL NOTARY SEAL HERE	State of:	is:	
1 1 - 1 \ -			-
	PRINT Full Legal Name of Nota	nry PRINT Fu	Legal Name of Attorney