



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF REAL ESTATE
OFFICE INSPECTION & ESCROW / TRUST ACCOUNT AUDIT FORM

Date of Inspection:

Name of Broker:

Name of Broker:

Broker License #

Broker License #

Name of Brokerage

CQ / BO

Brokerage License #

Phone Number

DBA / Trade Name (if applicable) (Rule 61J2-10.034)

Street Address

City

County

Zip

Office (Rule 61J2-10.022 & .023)

Yes / No

Teams or Groups

Yes / No

Office Sign (F.S.475.22(1))

Yes / No

Written record of team / group members (Rule 61J2-10.026)(3)

Yes / No

Written Brokerage Relationship Disclosure
(if applicable) (F.S.475.278)

Yes / No

Designated licensee responsible for advertisement compliance
(Rule 61J2-10.026)(2)

Yes / No

Deposit Verification (Rule 61J2-14.008(2)(b))

Yes / No

Escrow Accounts

Yes / No

Type: Sales / Security / Rental Distribution

Reconciliation Statements (Rule 61J2-14.012)

Yes / No

Trust Liability:

Yes / No

Reconciliation Bank Balance:

(Short/Over) Amount:

Type: Sales / Security / Rental Distribution

Reconciliation Statements (Rule 61J2-14.012)

Yes / No

Trust Liability:

Yes / No

Reconciliation Bank Balance:

(Short/Over) Amount:

Type: Sales / Security / Rental Distribution

Reconciliation Statements (Rule 61J2-14.012)

Yes / No

Trust Liability:

Yes / No

Reconciliation Bank Balance:

(Short/Over) Amount:

Violation(s):

Corrective Action:

I hereby certify that to the best of my knowledge, I have made available to the Department such books, accounts, and records as prescribed in F.S.475.5015, to determine compliance with the provisions of F.S.475 and Administrative Code 61J2. The contents of this report have been thoroughly explained by the Investigator and I agree to take corrective action (if applicable) within _____ days.

Signature of Broker

Printed Name

Date

Signature of Investigator

Printed Name

Date