



**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 (PARTNERSHIP ONLY)**

**We/I,**

\_\_\_\_\_  
 PRINT Full Legal Name of Authorized Partner

\_\_\_\_\_  
 SIGN Full Legal Name of Authorized Partner

\_\_\_\_\_  
 Date (mm/dd/yy)

;  
;  
;

\_\_\_\_\_  
 PRINT Full Legal Name of Authorized Partner

\_\_\_\_\_  
 SIGN Full Legal Name of Authorized Partner

\_\_\_\_\_  
 Date (mm/dd/yy)

\_\_\_\_\_  
 PRINT Full Legal Name of Authorized Partner

\_\_\_\_\_  
 SIGN Full Legal Name of Authorized Partner

\_\_\_\_\_  
 Date (mm/dd/yy)

registrant(s) of the business partnership trade name: \_\_\_\_\_

\_\_\_\_\_  
 PRINT Full Legal Name of Business Partnership

hereby give the irrevocable consent that any action, or proceeding, arising out of the activities of the above named partnership as a New Jersey Real Estate Licensee may be commenced against it by service in-person, or by certified mail, upon the Executive Director, or person in charge of the office of the New Jersey Real Estate Commission (NJREC), pursuant to N.J.S.A. 45:15-9 and 45:15-21. Furthermore, on behalf of the partnership named within, We/I agree that such service shall have the same valid legally binding effect upon said partnership in all courts, and all its entities, as if service was made upon We/I, or another office, or authorized representative, in-person within the State of New Jersey.

\_\_\_\_\_  
 PRINT Full Legal Name of Witness

\_\_\_\_\_  
 SIGN Full Legal Name of Witness

\_\_\_\_\_  
 Date (mm/dd/yy)

**\*\*\* AREA BELOW TO BE COMPLETED BY A LEGALLY, AUTHORIZED NOTARY OR ATTORNEY ONLY \*\*\***

I, CERTIFY that on the following date \_\_\_\_\_, 20\_\_\_\_ that the  
 PRINT Month's Full Name and Day (i.e.- June 07) (yy)

above named have proven to me on the basis of satisfactory evidence to be the persons whose names are subscribed to within this instrument and acknowledged to me that his/her/their signature(s) on this instrument to be the person(s) or the entity upon behalf of which the person(s) acted executed the instrument.

**OFFICIAL NOTARY SEAL**



**Notary**

If a Notary, my Commission expires on (mm/dd/yy): \_\_\_\_\_

County of: \_\_\_\_\_

State of: \_\_\_\_\_

\_\_\_\_\_  
 PRINT Full Legal Name of Notary

\_\_\_\_\_  
 SIGN Full Legal Name of Notary

**Attorney**

If a licensed Attorney, my BAR ID is: \_\_\_\_\_

\_\_\_\_\_  
 PRINT Full Legal Name of Attorney

\_\_\_\_\_  
 SIGN Full Legal Name of Attorney