

**FEE: \$20**

Payable to:  
Maine State Treasurer

40601457

# AGENCY RECORD MODIFICATION

**MAINE REAL ESTATE COMMISSION**  
**35 STATE HOUSE STATION**  
**AUGUSTA ME 04333-0035**

FOR MREC OFFICE USE ONLY

CHECK NO \_\_\_\_\_  
AMT \_\_\_\_\_  
CASH NO \_\_\_\_\_  
APPRVL DATE \_\_\_\_\_  
APPROVED BY \_\_\_\_\_  
ALMS \_\_\_\_\_

Enclose the current agency wall license and pocket card. Mail all materials and the required fee to the address above. Incomplete applications will be returned. All fees are non-refundable.

**NOTE: A change of agency legal name or trade name also requires filing Change of License applications for each affiliated licensee. A change of business entity type cannot be made with this application. Call the Commission for details.**

**PART ONE - AGENCY INFORMATION AS CURRENTLY REGISTERED with MREC** *You must fill in all blanks.*

Agency Legal Name \_\_\_\_\_

Agency Trade or DBA Name \_\_\_\_\_

Agency License No. (Example: AC90109999) \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Designated Broker \_\_\_\_\_

Designated Broker License No. (Example: DB109999) \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART TWO - MAKE THE FOLLOWING CHANGES TO THE AGENCY LICENSE** *Check and complete all applicable sections.*

**CHANGE AGENCY LEGAL NAME TO:** \_\_\_\_\_

**CHANGE AGENCY TRADE NAME OR DBA TO:** \_\_\_\_\_

**APPOINT NEW DESIGNATED BROKER** (To be completed by agency owner or other authorized official.)

I, \_\_\_\_\_ hereby appoint \_\_\_\_\_  
Agency Owner or Authorized Official Printed Name of New Designated Broker

license no. \_\_\_\_\_ to act as designated broker of the above named agency.  
License Number of New Designated Broker

\_\_\_\_\_  
Signature of Owner or Authorized Official Date \_\_\_\_\_

**CHANGE AGENCY MAILING ADDRESS** Street or P O Box \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_/\_\_\_\_--\_\_\_\_ Fax \_\_\_\_/\_\_\_\_--\_\_\_\_ Email \_\_\_\_\_

**CHANGE AGENCY PHYSICAL ADDRESS** Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_/\_\_\_\_--\_\_\_\_ Fax \_\_\_\_/\_\_\_\_--\_\_\_\_ Email \_\_\_\_\_

**PLEASE MAKE THESE CHANGES EFFECTIVE ON (check one box below):**

M/\_\_\_\_ D/\_\_\_\_ Y/\_\_\_\_ OR  **Immediately upon receipt of this application by the MREC**

**DESIGNATED BROKER'S SWORN STATEMENT:** I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief.

Designated Broker's Signature \_\_\_\_\_ Date \_\_\_\_\_

**STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION - OFFICE OF LICENSING & REGISTRATION**

**Office Information:** Courier/Delivery address: 76 Northern Avenue, Gardiner, Maine 04345

Phone: (207) 624-8515 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 web: www.maine.gov/professionallicensing