

FEE: \$20

Payable to:
Maine State Treasurer

40601457

CHANGE OF LICENSE APPLICATION

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 pocket card and wall license (if in your possession). Mail all materials and the required fee to the address above. Incomplete applications will be returned. All fees are non-refundable.

APPLICANT INFORMATION			
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST
LICENSE NUMBER	<i>Example: BR109999</i>		EXPIRATION DATE
HOME/LEGAL ADDRESS <i>Do NOT enter a Real Estate Agency address here.</i>			
Street or PO Box		City	
County		State & zip	
Phone number		Email address	

CHANGES TO MY LICENSE <i>check and complete all sections that describe the changes you wish to make.</i>				
<input type="checkbox"/>	Change my name to:	FIRST	MIDDLE	LAST
<input type="checkbox"/>	Affiliate my license with the following agency:			
AGENCY NAME				
AGENCY LICENSE NUMBER	<i>Example: AC90101011</i>		AGENCY EXPIRATION DATE	<i>MM/DD/YYYY</i>
DESIGNATED BROKER'S NAME				
DB LICENSE NUMBER	<i>Example: DB901111</i>		DB EXPIRATION DATE	<i>MM/DD/YYYY</i>
<input type="checkbox"/>	Check here if a Designee will sign this form on behalf of the DB, and print designee name and designee license number below. <i>Please print name, license number and expiration date here.</i>			
<input type="checkbox"/>	Change present Agency's legal or trade name to: <i>print new agency legal or trade name here</i>			
<input type="checkbox"/>	Change my license from Broker to Designated Broker			
<input type="checkbox"/>	Change my license from Designated Broker to Broker			
<input type="checkbox"/>	Activate my license - <i>fill in agency affiliation information above and include Continuing Education certificates.</i>			
<input type="checkbox"/>	Inactivate my license. <i>Designated Broker Signature is not required to inactivate a license.</i>			
Effective date of changes on this form (pick one):				
<input type="checkbox"/>	Make changes effective immediately upon receipt		<input type="checkbox"/>	Make changes effective on: <i>MM/DD/YYYY</i>
Licensee Signature		Date		
Designated Broker 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) 624-8518 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 web: www.maine.gov/professionallicensing