

**FEE: \$20**

**(non-refundable)**

Payable to:  
Maine State Treasurer

40601457

# AGENCY RECORD MODIFICATION

**OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION  
MAINE REAL ESTATE COMMISSION**

Mailing Address: 35 State House Station, Augusta, Maine 04333  
Physical Address: 76 Northern Avenue, Gardiner, Maine 04345  
Phone: (207) 624-8521 TTY users call Maine Relay 711  
Fax: (207) 624-8637 www.maine.gov/professionallicensing

FOR MREC OFFICE USE ONLY

CHECK NO \_\_\_\_\_  
AMT \_\_\_\_\_  
CASH NO \_\_\_\_\_  
APPRVL DATE \_\_\_\_\_

Mail all materials and required fee to the address above .

**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 ON FILE 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 \_\_\_\_\_

**THIS CHANGE IS EFFECTIVE ON:** M/\_\_\_\_D/\_\_\_\_Y/\_\_\_\_

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 \_\_\_\_\_

Agency Email Address (for future communication): \_\_\_\_\_

### PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print) *FIRST MIDDLE INITIAL LAST*

MAILING ADDRESS OF CARDHOLDER (please print)

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my  
VISA MASTERCARD the following amount: \$ \_\_\_\_\_

**I understand that fees are non-refundable**

Card number: *XXXX-XXXX-XXXX-XXXX* Expiration Date *mm / yyyy*

Signature of cardholder: \_\_\_\_\_ Date: \_\_\_\_\_