

FEE: \$20
(non-refundable)

Payable to:
Maine State Treasurer

40601457

CHANGE OF LICENSE APPLICATION
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.

Section #1 - APPLICANT INFORMATION

Full Legal Name: _____

License Number: _____ License Expiration Date: _____

Section #2 - APPLICANT NON-AGENCY ADDRESS (HOME ADDRESS)

Street or PO Box: _____

City, State, Zip Code: _____ County: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address (for future communication): _____

Section #3 - MAKE THE FOLLOWING CHANGES TO MY LICENSE:

Change my name to: _____

Inactivate my license

THE FOLLOWING CHANGES REQUIRE THE COMPLETION OF SECTION #4:

Change my Agency's legal or trade name to: _____

Change my license from Broker to Designated Broker

Change my license from Designated Broker to Broker

Activate my license (include copies of continuing education certificates)

Change my Agency Affiliation

Licensee Signature: _____ Date: _____

THIS CHANGE IS EFFECTIVE ON: M/____D/____Y/____

Section #4 - INFORMATION REQUIRED FOR LICENSE ACTIVATION OR CHANGE OF AGENCY AFFILIATION:

Agency Name: _____

Agency License Number: _____

Agency License Expiration Date: _____

Designated Broker Name: _____

Designated Broker License number: _____

Designated Broker License Expiration Date: _____

Designated Broker Signature: _____ Date: _____

Check here if a Designee is signing above on behalf of the Designated Broker and complete the following:

Print Designee Name: _____ Designee License Number: _____

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*

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: _____