

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.)

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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: _____