

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 _____ Printed Name of New Designated Broker
 Agency Owner or Authorized Official

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
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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: <i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date <i>mm / yyyy</i>
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Signature of cardholder:	Date:
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