

**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 **Email:** RLESTATE.COM@MAINE.GOV

**Submit application, any required materials, and \$20 fee to the email or mailing address above.**

*A change of business entity type cannot be made with this application. Call the Commission for details.*

**SECTION #1- AGENCY INFORMATION ON FILE WITH MREC** *Please fill in all blanks.*

Agency Legal Name: \_\_\_\_\_

Agency Trade or DBA Name: \_\_\_\_\_

Agency License Number: (Example: AC90109999) \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Current Designated Broker: \_\_\_\_\_ DB License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**SECTION #2 – MAKE THE FOLLOWING CHANGES TO THE AGENCY LICENSE**

**NOTE:** *A change of agency's legal or trade name also requires filing Change of License applications for each affiliated licensee.*

Change Agency legal name to: (See NOTE above) \_\_\_\_\_

Change Trade/DBA Name to: (See NOTE above) \_\_\_\_\_

Change Mailing Address to: \_\_\_\_\_

Change Agency Physical Address to: \_\_\_\_\_

Change Agency Phone or Fax Number to: \_\_\_\_\_

Change Agency Email to: \_\_\_\_\_

Appointing new Designated Broker (Must Complete Section #3)

I hereby certify that the information provided on this application is true & accurate to the best of my knowledge.

**Designated Broker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REQUESTED EFFECTIVE DATE FOR ALL CHANGES** \_\_\_\_\_

**SECTION #3- APPOINT NEW DESIGNATED BROKER**

*THE FOLLOWING CHANGES TO BE COMPLETED BY THE AGENCY OWNER OR AUTHORIZED OFFICIAL*

I, \_\_\_\_\_ (owner/authorized official)

hereby appoint \_\_\_\_\_ (New Designated Broker)

with license number \_\_\_\_\_ to act as Designated Broker of the above-named agency.

**Agency Owner/ Authorized Official Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PAYMENT OPTIONS:**

Make checks payable to "Maine State Treasurer." If you wish to pay by credit card, fill out the following: (Please Print)

**NAME OF CARDHOLDER** \_\_\_\_\_

**CARDHOLDER ADDRESS** \_\_\_\_\_

In signing, I authorize the Department of Professional & Financial Regulation, Office of Professional and Occupational Regulation to charge my credit card the following amount \$ \_\_\_\_\_ (Application Fee \$20)

**CARD NUMBER:** \_\_\_\_\_ **EXPIRATION:** \_\_\_\_\_

I understand that fees are non-refundable.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_