## **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/professional

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.

Agency Legal Name Agency Trade or DBA Name Agency Trades Po. (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. Agency Owner or Authorized Official  I hereby appoint Printed Name of New Designated Broker  License Number of New Designated Broker  CHANGE AGENCY MAILING ADDRESS Street or PO Box  CTIVE County State Zip - Phone / Fux / Email  CHANGE AGENCY PHYSICAL ADDRESS  Street  City County State Zip Phone / Fax / Email  THIS CHANGE IS EFFECTIVE ON: M/ D/ V/  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.  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)  MAILING ADDRESS OF CARDHOLDER (please print)  I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my	Agency Trade or DBA Name Agency License No. (Example: AC90109999) Exp. Date			
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	I, hereby appoint Printed Name of New Designated Broker to act as designated broker of the above named agency.    License Number of New Designated Broker	CHANGE AGENCY TRADE NAME OR DBA TO:		
Agency Owner or Authorized Official    County	Agency Owner or Authorized Official    license no.	,		
license no	License Number of New Designated Broker	Agency Owner or Authorized Official hereby appoint	Printed Name of New Designated Broker	
CHANGE AGENCY MAILING ADDRESS Street or P O Box  City _ County _ State _ Zip Phone	CHANGE AGENCY MAILING ADDRESS Street or P O Box  City County State Zip			
CHANGE AGENCY MAILING ADDRESS Street or P O Box  City	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/  Phone / Fax / Email  THIS CHANGE IS EFFECTIVE ON: M/	License Number of New Designated Broker	to act as designated broker of the above hamed agency.	
CHANGE AGENCY MAILING ADDRESS Street or P O Box  City	CHANGE AGENCY MAILING ADDRESS Street or P O Box  City County	Signature of Owner or Authorized Official	Date	
City	City			
Phone	Phone			
CHANGE AGENCY PHYSICAL ADDRESS Street  City County State Zip	CHANGE AGENCY PHYSICAL ADDRESS Street  City County State Zip Phone / Fax / Email  THIS CHANGE IS EFFECTIVE ON: M/ D/ V/  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			
CityCountyStateZip	City			
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		VISA MASTERCARD the following amount: \$		
I understand that fees are non-refundable	Card number: XXXX-XXXX-XXXXX Expiration Date mm / yyyy			
Card number: XXXX-XXXX-XXXXX Expiration Date mm / yyyy		Card number: XXXX-XXXX-XXXX E	Expiration Date mm / yyyy	
	Signature of cardholder: Date:	Signature of cardholder:	Date:	

Revised: March 2022