

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: _____
- 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:** _____