

CHANGE OF LICENSE APPLICATION

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.

SECTION #1- APPLICANT INFORMATION

Full Legal Name: _____

License Number: _____ Expiration Date: _____

SECTION #2 – APPLICANT NON-AGENCY ADDRESS (HOME ADDRESS)

Street or PO Box: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Email Address: _____

SECTION #3 – MAKE THE FOLLOWING CHANGES TO MY LICENSE:

Change my legal name to: _____

Inactivate my license

THE FOLLOWING CHANGES REQUIRE THE COMPLETION OF SECTION #4:

Activate my license (*include copies of continuing education certificates*)

Change my license from Broker to Designated Broker

Change my license from a Designated Broker to a Broker

Change my Agency Affiliation

REQUESTED EFFECTIVE DATE _____

Licensee Signature: _____ **Date:** _____

SECTION #4 – REQUIRED FOR LICENSE ACTIVATION & CHANGE OF AGENCY AFFILIATION

Agency Name: _____

Agency License Number: _____ Agency Expiration Date: _____

Designated Broker Name: _____

Designated Broker License Number: _____ DB Expiration Date: _____

Designated Broker Signature: _____ **Date:** _____

Check here if you are a Designee signing on behalf of the Designated Broker. Complete the following information:

Print Designee Name: _____ Designee License Number: _____

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:** _____

INTERNAL USE ONLY – 40601457

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CHECK NO _____ AMT _____ CASH # _____