

**FEE: \$20**  
**(non-refundable)**  
Payable to:  
Maine State Treasurer  
  
40601457

**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

FOR MREC OFFICE USE ONLY  
CHECK NO \_\_\_\_\_  
AMT \_\_\_\_\_  
CASH NO \_\_\_\_\_  
APPRVL DATE \_\_\_\_\_

**Mail all materials and required fee to the address above.**

**Section #1 - APPLICANT INFORMATION**

Full Legal Name: \_\_\_\_\_  
License Number: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

**Section #2 - APPLICANT NON-AGENCY ADDRESS (HOME ADDRESS)**

Street or PO Box: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Email Address (for future communication): \_\_\_\_\_

**Section #3 - MAKE THE FOLLOWING CHANGES TO MY LICENSE:**

- Change my name to: \_\_\_\_\_  
 Inactivate my license

**THE FOLLOWING CHANGES REQUIRE THE COMPLETION OF SECTION #4:**

- Change my Agency's legal or trade name to: \_\_\_\_\_  
 Change my license from Broker to Designated Broker  
 Change my license from Designated Broker to Broker  
 Activate my license (include copies of continuing education certificates)  
 Change my Agency Affiliation

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**THIS CHANGE IS EFFECTIVE ON: M/\_\_\_\_\_D/\_\_\_\_\_Y/\_\_\_\_\_**

**Section #4 - INFORMATION REQUIRED FOR LICENSE ACTIVATION OR CHANGE OF AGENCY AFFILIATION:**

Agency Name: \_\_\_\_\_  
Agency License Number: \_\_\_\_\_  
Agency License Expiration Date: \_\_\_\_\_  
Designated Broker Name: \_\_\_\_\_  
Designated Broker License number: \_\_\_\_\_  
Designated Broker License Expiration Date: \_\_\_\_\_  
Designated Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check here if a Designee is signing above on behalf of the Designated Broker and complete the following:  
Print Designee Name: \_\_\_\_\_ Designee License Number: \_\_\_\_\_

**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*  
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:      *XXXX-XXXX-XXXX-XXXX*      Expiration Date      *mm / yyyy*

Signature of cardholder: \_\_\_\_\_ Date: \_\_\_\_\_