

FEE: \$20

Payable to:
Maine State Treasurer

40601457

AGENCY RECORD MODIFICATION

MAINE REAL ESTATE COMMISSION

FOR MREC OFFICE USE ONLY

CHECK NO _____

AMT _____

CASH NO _____

APPRVL DATE _____

APPROVED BY _____

ALMS _____

Enclose the current agency wall license and pocket card. Mail all materials and the required fee to the address below . All fees are non-refundable.

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.

PART ONE - AGENCY INFORMATION AS CURRENTLY REGISTERED with MREC *You must fill in all blanks.*

Agency Legal Name _____

Agency Trade or DBA Name _____

Agency License No. (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, _____ hereby appoint _____
Agency Owner or Authorized Official Printed Name of New Designated Broker

license no. _____ to act as designated broker of the above named agency.
License Number of New Designated Broker

Signature of Owner or Authorized Official Date _____

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/____ Y/____

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 _____

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION

Office Information: Mailing Address: 35 State House Station, Augusta, Maine 04333

Courier/Delivery address: 76 Northern Avenue, Gardiner, Maine 04345

Phone: (207) 624-8521 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 web: www.maine.gov/professionallicensing