



STATE OF MARYLAND
 DEPARTMENT OF LABOR
 DIVISION OF OCCUPATIONAL AND PROFESSIONAL
 LICENSING
 REAL ESTATE COMMISSION OF MARYLAND
 500 NORTH CALVERT ST, 3RD FLOOR BALTIMORE, MD 21202
 MREC e-mail dlmrec-dllr@maryland.gov
 http://www.labor.maryland.gov/license/mrec

DO NOT WRITE IN THIS SPACE

RECEIVED _____

FEE \$ _____ CK () MO ()

APPLICATION FOR REAL ESTATE LICENSE CHANGE
ALL FEES MUST BE REMITTED BY CHECK, MONEY ORDER, CREDIT CARDS ON-LINE ONLY
DO NOT SEND CASH
PAYABLE TO THE MARYLAND REAL ESTATE COMMISSION

INSTRUCTIONS

ALL NAME CHANGES, ADDRESS CHANGES, TRANSFERS, TERMINATIONS, INACTIVE STATUS AND REACTIVATION OF A CURRENT LICENSE IN GOOD STANDING MAY BE PRESENTED IN THIS FORM OR ON-LINE TO THE REAL ESTATE COMMISSION.

Whenever the authority of an associate broker or salesperson to represent a broker is terminated by the broker, by law the broker shall immediately notify the Commission in writing and furnish a copy of the notice to the salesperson at his/her last known address advising of the termination of such authority. A copy of the Notice must accompany this application (Broker complete Section II only)

Personal name change i.e. marriage certificate, divorce decree or court order must submit documentation to the Commission.

I, _____
 PRINT NAME REGISTRATION NUMBER

Hereby make application to the Real Estate Commission of Maryland this _____ day of _____

20____ for a change to my real estate license as indicated below

TYPE OF CHANGE (please circle)

Personal Name Change/ Nickname	\$25.00	Branch Office Termination	No Fee
Broker Business Name Change	\$25.00	Branch Office Transfer	No Fee
(AND)		Home Address Change	No Fee
Each licensee under Broker	\$25.00	Inactive Status	No Fee
Transfer	\$25.00	Termination	No Fee
(LICENSE CATEGORY 11, 33, AND 55 ONLY)		Email Address	No Fee
Broker Business Address Change	\$ 5.00		
Reactivation of Inactive License	\$25.00		

Applicant Signature _____

SECTION I

BUSINESS NAME CHANGE - \$25.00 MAIN OFFICE ADDRESS CHANGE - \$5.00

BUSINESS NAME : _____ BUSINESS TELEPHONE NUMBER: _____

BROKER'S MAIN OFFICE ADDRESS _____
 NUMBER AND STREET BROKER'S REG No. & SUFFIX No.

CITY COUNTY STATE ZIP CODE

* If applicable, please submit Articles of Incorporation/Organization and trade name registration **APPROVED** by the **Maryland** Department of Assessment & Taxation (410-767-1340). You are acknowledging that per MD §17-101(l)(1-6) you are providing real estate brokerage services.

*If you are operating as a sole proprietor and will not be registering your company name, please enclose a statement to that effect. As a sole proprietor you are acknowledging that per MD §17-101(n) you are providing real estate brokerage services. Also provide how you want your name to read on your license and the address of your company.

SECTION II - TERMINATING BROKER—NO FEE

I acknowledge that: _____ REGISTRATION # _____
PRINT FULL NAME (AGENT)

IS NO LONGER AFFILIATED WITH _____
PRINT COMPANY NAME

I have attached a copy of the termination notice sent to the licensee's last known address.

Broker's Registration Number _____

Broker's Personal Name _____ Broker's Signature _____

SECTION III - EMAIL ADDRESS CHANGE/PERSONAL NAME AND ADDRESS CHANGE

NAME CHANGE FEE OF \$25.00 AND PROOF OF NAME CHANGE IS ENCLOSED WITH APPLICATION

NICKNAME /PERSONAL NAME: _____ REGISTRATION# (LICENSE): _____
PLEASE PRINT NAME

PERSONAL ADDRESS CHANGE: _____

PRIVATE EMAIL: _____ PUBLIC EMAIL: _____

SIGNATURE DATE DAY TIME TELEPHONE NUMBER FAX NUMBER

SECTION IV - INACTIVE STATUS (RENEWAL FEE MUST BE PAID)

I desire to place my license on an inactive status until further notice. (Maximum of 3 years Title 17-316D (2))

NAME _____ EMAIL _____
PRINT NAME

HOME ADDRESS _____
NUMBER AND STREET CITY/COUNTY STATE ZIP CODE

SECTION V - TRANSFER TO NEW BROKER/BROKER REACTIVATION

TRANSFER FEE OF \$25.00 OR REACTIVATION FEE OF \$25.00 IS ENCLOSED WITH THIS APPLICATION.

I hereby sponsor the licensee named on the reverse side of this form. I acknowledge that I am responsible for the licensee's activity pursuant to Business Occupations & Professional Article, Title 17.

NEW BROKER'S TRADE NAME BROKER REG. #

NEW BROKER ADDRESS CITY COUNTY STATE ZIPCODE

BROKER'S SIGNATURE ONLY TELEPHONE NUMBER DATE

(*WHEN BROKER REACTIVES PLEASE SUBMIT WITH APPLICATION; LETTER WITH ESCROW ACCOUNT INFORMATION, PERCENTAGE OF OWNERSHIP OF COMPANY AND A COPY OF ARTICLES OF INCORPORATION)