



STATE OF MARYLAND
 DEPARTMENT OF LABOR
 DIVISION OF OCCUPATIONAL AND PROFESSIONAL
 LICENSING
 REAL ESTATE COMMISSION OF MARYLAND
 1100 N. EUTAW STREET, ROOM 121 BALTIMORE, MD 21201
 MREC e-mail dlmrec-labor@maryland.gov
 http://www.labor.maryland.gov/license/mrec

DO NOT WRITE IN THIS SPACE
 RECEIVED _____
 FEE \$ _____

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
NO ELECTRONIC SIGNATURES
CASHED CHECKS OR MONEY ODERS DOESN'T MEAN APPLICATION IS APPROVED

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, _____ REGISTRATION # _____
 PRINT NAME (AGENT)

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	\$28.00	Branch Office Termination	No Fee
Broker Business Name Change	\$28.00	Branch Office Transfer	No Fee
(AND)		Home Address Change	No Fee
Each licensee under Broker	\$28.00	Inactive Status (Licensee only)	No Fee
Transfer	\$28.00	Termination (Licensee only)	No Fee
(LICENSE CATEGORY 11, 33, AND 55 ONLY)		Unaffiliate (Brokerage only)	No Fee
Broker Business Address Change	\$ 5.00	Email Address	No Fee
Reactivation of Inactive License	\$28.00	Commercial only /Residential	No Fee
		Decedent (attach a copy of the death certificate or obituary)	

Applicant Signature: _____

SECTION I - ONLY IF YOU ARE MAKING ONE OR BOTH OF THE CHANGES
BUSINESS NAME CHANGE - \$28.00 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

*** You must submit Articles of Incorporation or Organization and trade name registration APPROVED by the Maryland Department of Assessment & Taxation (410-767-1340).**

***If you are operating as a sole proprietor you must register with the Maryland Department of Assessments and Taxation and submit proof you are registered.**

SECTION II – TERMINATION —NO FEE -NO ELECTRONIC SIGNATURE

I acknowledge that: _____ REGISTRATION # _____
PRINT FULL NAME (AGENT) OR TEMINATING BRANCH ADDRESS **IF TERMINATING BRANCH**
BROKER-BRANCH NUMBER

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: _____ **DATE:** _____

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

NAME CHANGE FEE OF \$28.00 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 \$28.00 OR REACTIVATION FEE OF \$28.00 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 REACTIVATES PLEASE SUBMIT WITH APPLICATION: LETTER WITH ESCROW ACCOUNT INFORMATION, PERCENTAGE OF OWNERSHIP OF COMPANY, A COPY OF ARTICLES OF INCORPORATION AND PROOF THE COMPANY IS REGISTERED AND IN GOOD STANDING WITH THE DEPARTMENT OF ASSESSMENTS AND TAXATION)