

Office / Broker Change Form

Please Fax to (707) 577-0140

Broker Name: _____ Broker ID: _____

Office Name: _____ Office ID: _____

Update Broker E-mail Address: _____

Update Office Website URL: _____

Change DRE # displayed on the office roster to: Participant Broker License # _____

Corporate License # _____

Please check all that apply and fill out the corresponding information below:

Change Existing Office Information

New Branch Office

Office Name Change

Close Office **This will inactivate all agents and listings associated with the office.*

Begin Leave of Absence (Maximum 1 year) Effective: _____ / _____ / _____

Return from Leave of Absence Effective: _____ / _____ / _____

**Must include Quarterly fees & \$50 Return from LOA fee \$ _____*

Change Broker of Record **New Broker of Record must complete the Broker application packet and submit the necessary fees.*

New Broker of Record: _____ / _____
Print Name Signature

New Office Name: _____

New Billing Address (Mailing): _____
Address City Zip

New Physical Address (For Roster): _____
Address City Zip

New Office Phone #: _____ New Office Fax #: _____

List Agents Working in the New Office: _____

Broker Participant Signature **Broker ID**

Print Name **Date**

