RE 214 (Rev. 525)  This form is to be used by salespersons only.  THE CONSIDER JOINT OF		alifornia t of Real Estate <b>SSON Change</b> 2	Application	DRE USE ONLY					
This form is to be used by salespersons ally:          Presonance-metal services must use PE 21.5.          Presonance-metal services must use PE 21.5.         Presonance-metal services must use PE 21.5.         Presonance-metal services must use PE 21.5.         Presonance-metal model must be completed on-line by utilizing eLicensite.          Declarate eliments and the personance-metal model must be completed on procession.         SALESPERSON INFORMATION         LICENSE DENTIFICATION NUMBER         Declarate eliments         Salesperson new number of comments.         Salesperson new number of comments on on the personance new number of comments.         Salesperson new number of comments on on the personance new number of comments.         Salesperson new number of comments on on the personance new number of comments on on the personance new number of comments on on the personance new numotecoaccccc	RE 214 (Rev	r. 5/25)			ATE	NLY			
	<ul> <li>This form Broker a</li> <li>Read in complete</li> <li>Note: L: be comp</li> </ul>	m is to be used by s ssociates must use structions on rev ing. icense changes with leted on-line by util	RE 215. erse side before h an asterisk may izing eLicensing.	TYPE OF CHANGE         RESPONSIBLE         AFFILIATION D         PERSONAL NA         MAILING ADDR         TELEPHONE/E	[Check appropriate box(es)] BROKER/CORP.* ISCONTINUED ME ESS*				
2. SALESPERSON NAME – AS IT APPEARS ON LICENSE – LAST, FIRST, MIDDLE, SUFFIX 3. SALESPERSON NEW NAME (F CHANGING) – LAST, FIRST, MIDDLE, SUFFIX (SEE INSTRUCTIONS ON REVERSE SIDE; BIGN LINE #11 WITH NEW NAME.) 4. SALESPERSON MAILING ADDRESS – STREET ADDRESSPO. BOX, CITY, STATE. ZIP CODE 5. DO YOU RESIDE IN CALIFORNIA? 3. SALESPERSON MAILING ADDRESS – STREET ADDRESSPO. BOX, CITY, STATE. ZIP CODE 5. SOL OY OU RESIDE IN CALIFORNIA? 3. SALESPERSON MAILING ADDRESS – STREET ADDRESSPO. BOX, CITY, STATE. ZIP CODE 5. SOL OY OU RESIDE IN CALIFORNIA? 3. GUIDREST E HURATION DO IF NO, PORM RE 24M MUST BE ON FILE WITH THIS DEPARTMENT, SEE REVERSE SIDE. 6. SALES LICENSE FURNATION ON FORM RE 24M MUST BE ON FILE WITH THIS DEPARTMENT, SEE REVERSE SIDE. 6. SALES LICENSE FURNATION ON THIS FORM TITE LIPHONE NUMBER 6. DO YOU RESIDE IN CALIFORNIA? 7. DI BUSINESS CALI PHONE NUMBER 7. DI BUSINESS SALE PROFESSIONS CODE, AND C. I HAVE CAVEN MOTICS OF TERMINATION OF AFFILIATION TO THE BROKER IDENTIFIED ON LINE #22 11. SIGNATURE OF SALESPERSON - MUST BE ORGIMAL OR ELECTRONIC'S GIVANTURE 7. SOLAD OF THE BUSINESS AND PROFESSIONS CODE, AND C. I HAVE CAVEN NOTICS OF TERMINATION OF AFFILIATION TO THE BROKER IDENTIFIED ON LINE #22 11. SIGNATURE OF BALESPERSON - MUST BE ORGIMAL OR ELECTRONIC'S GIVANTURE 7. SOLAD OF THE BUSINESS AND PROFESSIONS CODE, AND C. I HAVE CAVEN NOTICS OF TERMINATION OF AFFILIATION TO THE BROKER IDENTIFIED ON LINE #22 11. SIGNATURE OF BALESPERSON - MUST BE ORGIMAL OR ELECTRONIC'S GIVANTURE 7. DATE 7. SOLAD OF THE BUSINESS AND PROFESSIONS CODE, AND C. I HAVE CAVEN NOTICS OF TERMINATION OF AFFILIATION TO THE BROKER IDENTIFIED ON LINE #22 11. SIGNATURE OF BALESPERSON - MUST BE ORGIMAL OR SALESPERSON AFFILIATION NOT THE BROKER IDENTIFIED ON LINE #22 12. SOLATION IN FORMATION ISTUBLE ADDRESS ON TRONESSIONS CODE AND GIVENT THIS SALESPERSON AFFILIATION DATE 7. DATE 7. SOLATION IN NUME – AS IT APPEARS ON LICENSE, NO DBA'S 11. SIGNATURE OF NEW BROKERLICENSED OFFICER - MUST BE ORGIMAL OR ELECTRONIC' SIGNATURE 7. SOLATION MORE OF AN'			S	ALESPERSON	INFORMATIC	N			
3. SALESPERSON NEW NAME (// CHANGING) – LAST, FIRST, MIDDLE, SUFFIX (SEE INSTRUCTIONS ON REVERSE SIDE. SIGN LINE 411 WITH NEW NAME.)         4. SALESPERSON MAILING ADDRESS – STREET ADDRESS/IPD. BOX, CITY, STATE, ZIP CODE         5. DO YOU REDIE IN CALIFORNING.         9. SALES ULERNE EXPIRATION DATE       1. CURRENT TELEPHONE NUMBER         0. SALES ULERNE EXPIRATION DATE       1. CURRENT TELEPHONE NUMBER         0. BUSINESS CELL PHONE NUMBER       10. BUSINESS TELEPHONE NUMBER         1. MEERER CERTIFY THAT A) THE INFORMATION ON THE FORM IN TRUE AND CORRECT TO THE BEST OF UN WORK-EDGE B). HAVE COMPLED WITH \$V0151 B(C).         1. MEERER CERTIFY THAT A) THE INFORMATION ON THE FORM IN TRUE AND CORRECT TO THE BEST OF UN WORK-EDGE B). HAVE COMPLED WITH \$V0151 B(C).         1. MEERER CERTIFY THAT A) THE INFORMATION ON THE FORM IN TRUE AND CORRECT TO THE BEST OF UN WORK-EDGE B). HAVE COMPLED WITH \$V0151 B(C).         1. MEERER CERTIFY THAT A) THE INFORMATION ON THE FORM IN TRUE AND CORRECT TO THE BEST OF UN WORK-EDGE B). HAVE COMPLED WITH \$V0151 B(C).         1. MEERER CERTIFY THAT A) THE MORDINATION ON THE BEDRY OF COLOR OF AFFILIATION TO THE BEORDER IDENTIFIED ON LINE #22         1. SIGNATURE OF SALESPERSON AFEL WITH THISBEDRY ADD (CORRECT TO THE BEST OF UN WORK-EDGE B). HAVE COMPLED WITH \$V0151 B(C)         2. BEOKER/CORPORATION IN MUERER       DATE         2. BEOKER/CORPORATION NAME - AS IT APPEARS ON LICENSE. NO BAS         12. BROKER/CORPORATION NAME - AS IT APPEARS ON LICENSE. NO DBAS         13. MAIN OFFICE ADDRESS OF BROKER/CORP STREET ADDRESS. OTLY STATE	1. LICENSE IDE	NTIFICATION NUMBER	DRE USE ONLY						
SALESPERSON MAILING ADDRESS - STREET ADDRESSIP.O. BOX, CITY, STATE, ZIP CODE     SO OYOU RESIDE IN CALIFORNIA?     SALES LICENSE EXPIRATION DATE     T. CURRENT TELEPHONE NUMBER     SALES. LICENSE EXPIRATION DATE     T. CURRENT TELEPHONE NUMBER     SALES. LICENSE EXPIRATION DATE     T. CURRENT TELEPHONE NUMBER     SALESSEES OF DATE NOT THE INFORMATION ON THIS SOULD STAVE AND CORRECT TO THE REST OF MY KNOWLEDGE. BJ HAVE COMPLED WITH 5/0151.B(C)     SALESSEESON COETHICATION     INFORE OWN MAILING ADDRESS AND PROFESSIONS CODE. MAD () INVERSION CONTRICT TO THE REST OF MY KNOWLEDGE. BJ HAVE COMPLED WITH 5/0151.B(C)     SALESSEESON - MASTE & CONDINION ON THIS SOULD STAVE AND CORRECT TO THE REST OF MY KNOWLEDGE. BJ HAVE COMPLED WITH 5/0151.B(C)     SALESSEESON - MASTE & CONDINION ON THIS SOULD STAVE AND CORRECT TO THE REST OF MY KNOWLEDGE. BJ HAVE COMPLED WITH 5/0151.B(C)     SALESSEESON - MASTE & CONDINION ON THIS SOULD STAVE AND CORRECT TO THE REST OF MY KNOWLEDGE. BJ HAVE COMPLED WITH 5/0151.B(C)     SALESSEESON - MASTE & CONDINION OF LECTORICY GIVENTURE     DATE     SECONDINIESS AND PROFESSIONS CODE. MAD () INVESTIGATIVE     DATE     SECONDINIESS AND PROFESSIONS CODE. MAD () INVESTIGATIVE     DATE     SALESSEESON - MASTE & CONDINIES OF REMAINTON OF AFFLUATION TO THE RESTOR MY TENAOREEMENT WITH 5/0151.B(C)     SALESSEESON - MASTE & CONDINIES OF REMAINTON OF THE RESTOR MY TENAOREEMENT WITH THIS SALESSEESON AFFLUATION NAME - AS IT APPEARS ON LICENSE; NO DATS     IS MAIN OFFICE ADDRESS OF BROKER/CORP STREET ADDRESS, CITY, STATE, ZIP CODE     INFREBY CERTIFY TMATA; THE ABOVE INFORMATIONIS TRUE AND CORRECT TO THE RESTOR MY TENAOREEMENT WITH THIS SALESSEESON OF HEVE MOREANIADIONS TRUE AND CORRECT TO THE RESTOR MY TENAOREEMENT WITH THIS SALESSEESON OF HEVE MOREANIADIONS TRUE AND CORRECT TO THE RESTOR MY TENAOREEMENT WITH THIS SALESSEESON OF HEVE MOREANIADIONS TRUE AND CORRECT TO THE RESTOR MY TENAOREEMENT WITH THIS SALESSEESON OF HEVE MOREANIADIONS TRUE AND CORRECT TO THE RESTOR MY TENAOREEMENT WITH THIS SALESSEES	2. SALESPERSON NAME — AS IT APPEARS ON LICENSE. — LAST, FIRST, MIDDLE, SUFFIX								
C DO YOU RESIDE IN CALIFORNIA?      CONTROL TO REAL POWER AND IF NO. FORM RE 24 MUST BE ON FILE WITH THIS DEPARTMENT. SEE REVERSE SIDE.      SALES. LICENSE EXPIRATION DATE     OUR POWER AND ADDRESS     OUR POWER ADDRESS     OUNT POWER ADDRESS     OUNT POWER A	3. SALESPERS	3. SALESPERSON NEW NAME (IF CHANGING) — LAST, FIRST, MIDDLE, SUFFIX (SEE INSTRUCTIONS ON REVERSE SIDE; SIGN LINE #11 WITH NEW NAME.)							
Image: Solution of the Concern and the 234 Must BE ON FLE WITH THIS DEPARTMENT. SEE REVERSE SIDE:   8. SALES, LICENSE EXPIRATION DATE   NONTH DAY   VEAR (   9. UURRENT TELEPHONE NUMBER   10. BUSINESS CELEPHONE NUMBER   10. BUSINESS TELEPHONE NUMBER   11. BROKER/CORPORATION DATE   12. BROKER/CORPORATION NAME – AS IT APPEARS ON LICENSE; NO DBA'S   13. SALESPERSON AFFILIATION DATE   14. BROKER/CORPORATION NAME – AS IT APPEARS ON LICENSE; NO DBA'S   24. BROKER/CORPORATION NAME – AS IT APPEARS ON LICENSE; NO DBA'S   15. SIGNATURE OF NEW SIGNER   24. BROKER/CORPORATION NAME – AS IT APPEARS ON LICENSE; NO DBA'S   16. BROKER/CORPORATION NAME – AS IT APPEARS ON LICENSE; NO DBA'S   25. BROKER/CORPORATION NAME – AS IT APPEARS ON LICENSE; NO DBA'S   16. MAIN OFFICE ADDRESS OF BROKER/CORP - STREET ADDRESS, CITY, STATE, ZIP CODE   26. BROKER/CORPORATION NAME – AS IT APPEARS ON LICENSE; NO DBA'S   17. BROKER/CORPORATION NAME – AS IT APPEARS ON LICENSE; NO DBA'S   18. BROKER/CORPORATION NAME – AS IT APPEARS ON LICENSE; NO DBA'S   19. MAIN OFFICE ADDRESS OF BROKER/CORP – STREET ADDRESS, CITY, STATE, ZIP CODE   19. MAIN OFFICE ADDRESS OF BROKER/CORP – STREET ADDRESS, CITY, STATE, ZIP CODE   14. BROKER/CORPORATION NAME – AS IT APPEARS ON LICENSE; NO DBA'S   19. MAIN OFFICE ADDRESS OF BROKER/CORP – STREET ADDRESS, CITY, STATE, ZIP CODE 19. MUST BE ADDRE BROKER/CORP ORATION NAME – AS IT APPEARS ON LICENSE; NO DBA'S 19. BUSINESS TELEPHONE NUMBER 20. BROKER/CORPORATION NAME – AS IT APPEARS ON LICENSE; NO DBA'S 21. DATE SALESPERSON AFFILIATION DATE 22. BROKER/CORPORATION NAME –	4. SALESPERS	ON MAILING ADDRESS —	STREET ADDRESS/P.O. B	OX, CITY, STATE, ZIP C	CODE				
8. SALES. LICENSE EXPIRATION DATE       7. CURRENT TELEPHONE NUMBER       8. CURRENT EMAIL ADDRESS         MONTH       DAY       YEAR       9. BUSINESS CELL PHONE NUMBER       10. BUSINESS TELEPHONE NUMBER         (			MUST BE ON FILE WITH	THIS DEPARTMENT S	EE REVERSE SIDE				
( )       SALESPERSON CERTIFICATION         I HEREBY CERTIFY THAT A) THE INFORMATION ON THIS STOLE AND CORRECT TO THE BEST OF MY KNOWLEDGE. B) I HAVE COMPLIED WITH §10161.8(c) AND (D) OF THE BUSINESS AND PROFESSIONS CODE, AND () I HAVE GIVEN NOTICE OF TERMINATION OF AFFILIATION TO THE BROKER IDENTIFIED ON LINE #22.         11. SIGNATURE OF SALESPERSON — MUST BE ORIGINAL OR ELECTRONIC'S IGNATURE       DATE         * Electronic signature must comply with California Uniform Transactions Act (CA CX: Code section 1633.1 et seq.)       DATE         * Electronic signature must comply with California Uniform Transactions Act (CA CX: Code section 1633.1 et seq.)       DATE         12. BROKER/CORPORATION ID NUMBER       DRE USE ONLY       13. SALESPERSON AFFILIATION DATE       DRE USE ONLY         14. BROKER/CORPORATION NAME — AS IT APPEARS ON LICENSE; NO DBA'S       15. MAIN OFFICE ADDRESS OF BROKER/CORP. — STREET ADDRESS, CITY, STATE, ZIP CODE       DATE         IHEREBY CERTIFY THAT A) THE ABOVE INFORMATIONIS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. AND B) THERE IS A WRITTEN AGREEMENT WITH THIS SALESPERSON ON FILE IN MY OFFICE AS REQUINED DORY ECT TO THE BEST OF MY KNOWLEDGE. AND B) THERE IS A WRITTEN AGREEMENT WITH THIS SALESPERSON ON FILE IN MY OFFICE AS REQUINED DEY S278 OF THE COMMISSIONER'S REGULATIONS.       DATE         I BIGNATURE OF NEW BROKER/LICENSED OFFICER — MUST BE ORIGINAL OR ELECTRONIC'S IGNATURE       DATE       DATE         * Electronic signature must comply with California Uniform Transactions Act (CA CW. Code section 1933.1 et seq.)       11. DATE SALESPERSON ON AFFILIATION DATE       19. BUSINESS TELEPHONE NUM	6. SALES. LICENSE EXPIRATION DATE 7. CURRENT TELEPH					8. CURRENT EMAIL ADDRESS			
I HEREBY CERTIPY THAT A) THE INFORMATION ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, B) I HAVE COMPLIED WITH §10161 #(c) AND (d) OF THE BUSINESS AND PROFESSIONS CODE, AND c) I HAVE GIVEN NOTICE OF TERMINATION OF AFFILIATION TO THE BROKER IDENTIFIED ON LINE #22.         11. SIGNATURE OF SALESPERSON — MUST BE ORIGINAL OR ELECTRONIC'S ISINATURE       DATE         * Electronic signature must comply with California Uniform Transactions Ad (CA CV. Code section 133.1 et seq.)       DATE         * LECTORIC SIGNATURE OF SALESPERSON — MUST BE ORIGINAL OR ELECTRONIC'S ISINATURE       DATE         * BROKER/CORPORATION ID NUMBER       DRE USE ONLY       13. SALESPERSON AFFILIATION DATE       DRE USE ONLY         14. BROKER/CORPORATION NAME — AS IT APPEARS ON LICENSE; NO DBA'S       Interest of the BROKER CORPORATION NAME — AS IT APPEARS ON LICENSE; NO DBA'S         15. MAIN OFFICE ADDRESS OF BROKER/CORP. — STREET ADDRESS, CITY, STATE, ZIP CODE       DATE       DESPONSIBLE BROKER CERTIFICATION         I HEREBY CERTIFY THAT A), THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND B) THERE IS A WRITTEN AGREEMENT WITH THIS SALESPERSON ON FILE IN MY OFFICE AS REQUIRED BY \$2726 OF THE COMMISSIONER'S REGULATIONS.       DATE         * Electronic signature must comply with California Uniform Transactions Ad (CA CV. Code section 1633.1 et.seq.)       DATE       DATE         * Electronic signature must comply with California Uniform Transactions Ad (CA CV. Code section 1633.1 et.seq.)       11. PRINTED NAME OF \$16 SIGNER       18. BROKER/CORP. EXPIRATION DATE       19. BUSINESS TELEPHONE N			9. BUSINESS CELL PI	HONE NUMBER		10. BUSINESS T	ELEPHONE NUMBER		
AND (D) OF THE BUSINESS AND PROFESSIONS CODE, AND C) I HAVE GIVEN NOTICE OF TERMINATION OF AFFILIATION TO THE BROKER IDENTIFIED ON LINE #22.  11. SIGNATURE OF SALESPERSON – MUST BE ORIGINAL OR ELECTRONIC' SIGNATURE DATE *Electronic signature must comply with California Uniform Transactions Act (CA Civ. Code section 1633.1 et.seq.)  EVEN RESPONSIBLE BROKER/CORPORATION INFORMATION  12. BROKER/CORPORATION NAME – AS IT APPEARS ON LICENSE; NO DBA'S  14. BROKER/CORPORATION NAME – AS IT APPEARS ON LICENSE; NO THE BEST OF MYKNONLEDGE, AND B) THERE IS A WRITTENAGREEMENT WITH THIS SALESPERSON ON FILL IN WY OFFICE AS REQUIRED BY 2022 OF THE COMMISSIONER SEGULATIONS.  15. MAIN OFFICE ADDRESS OF BROKER/CORP. – STREET ADDRESS, CITY, STATE, ZIP CODE  11. BERONSIELE BROKER CERTIFICATION IHEREBY CERTIFY THAT A) THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MYKNONLEDGE, AND B) THERE IS A WRITTENAGREEMENT WITH THIS SALESPERSON ON FILL IN WY OFFICE AS REQUIRED BY 2022 OF THE COMMISSIONER SEGULATIONS.  16. SIGNATURE OF NEW BROKER/LICENSED OFFICER – MUST BE ORIGINAL OR ELECTRONIC' SIGNATURE  17. PRINTED NAME OF #16 SIGNER  18. BROKER/CORP. EXPIRATION INFORMATION ACT (CA Civ. Code section 1633.1 et.seq.)  17. PRINTED NAME OF #16 SIGNER  19. BROKER/CORP. EXPIRATION INFORMATION  20. BROKER/CORP. ORATION IN NUMBER.  21. DATE SALESPERSON AFFILIATION DISCONTINUED  22. BROKER/CORP. AS IT APPEARS ON LICENSE; NO DBA'S  23. SIGNATURE OF FORMER BROKER/LICENSED OFFICER  24. BROKER/CORP. CRTIFY AND AND AS AS AND									
Electronic signature must comply with California Uniform Transactions Act (CA Civ. Code section 1633.1 et seq.)      Electronic signature must comply with California Uniform Transactions Act (CA Civ. Code section 1633.1 et seq.)      I. BROKER/CORPORATION ID NUMBER      DRE USE ONLY      13. SALESPERSON AFFILIATION DATE      DRE USE ONLY      14. BROKER/CORPORATION NAME – AS IT APPEARS ON LICENSE; NO DBA'S      If S. MAIN OFFICE ADDRESS OF BROKER/CORP. – STREET ADDRESS, CITY, STATE, ZIP CODE      InterRebY CERTIFY THATA; THE ABOVE INFORMATIONIS TRUE AND CORRECT TO THE BESTOOF MY KNOWLEDGE, AND B) THERE ISA WRITTENAGREEMENT WITH THIS SALESPERSON ON FILE IN MY OFFICE AS REQUIRED BY §2728 OF THE COMMISSIONER'S REGULATIONS.      Is.SIGNATURE OF NEW BROKER/LICENSED OFFICER – MUST BE ORIGINAL OR ELECTRONIC' SIGNATURE      Electronic signature must comply with California Uniform Transactions Act (CA Civ. Code section 1633.1 et seq.)      T. PRINTED NAME OF #16 SIGNER      I. BROKER/CORPORATION INFORMATION  20. BROKER/CORPORATION INFORMATION  21. BROKER/CORPORATION INFORMATION  22. BROKER/CORPORATION NAME – AS IT APPEARS ON LICENSE; NO DBA'S  23. SIGNATURE OF FORMER BROKER/LICENSED OFFICER      DRE USE ONLY PROC. # DATE PROCESSED SENDER'S # DATE SENT FORM LETTER/COMMENTS									
NEW RESPONSIBLE BROKER/CORPORATION INFORMATION           12. BROKER/CORPORATION ID NUMBER         DRE USE ONLY         13. SALESPERSON AFFILIATION DATE         DRE USE ONLY           14. BROKER/CORPORATION NAME — AS IT APPEARS ON LICENSE; NO DBA'S         13. SALESPERSON AFFILIATION DATE         DRE USE ONLY           15. MAIN OFFICE ADDRESS OF BROKER/CORP. — STREET ADDRESS, CITY, STATE, ZIP CODE         ESPONSIBLE BROKER CERTIFICATION         IHEREBY CERTIFY THATA) THE ABOVE INFORMATION STRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND B) THERE IS A WRITTEN AGREEMENT WITH THIS SALESPERSON ON FILE IN MY OFFICE AS REQUIRED BY \$2726 OF THE COMMISSIONER'S REGULATIONS.         DATE           16. SIGNATURE OF NEW BROKER/LICENSED OFFICER — MUST BE ORIGINAL OR ELECTRONIC'S SIGNATURE         DATE           * Electonic signature must comply with California Uniform Transactions Act (CA Civ. Code section 1633.1 et.seq.)         11. PRINTED NAME OF #16 SIGNER         18. BROKER/CORP EXPIRATION DATE         19. BUSINESS TELEPHONE NUMBER           20. BROKER/CORPORATION ID NUMBER.         21. DATE SALESPERSON AFFILIATION DISCONTINUED         22. BROKER/CORPORATION NAME — AS IT APPEARS ON LICENSE; NO DBA'S           23. SIGNATURE OF FORMER BROKER/LICENSED OFFICER         DATE         DATE           24. BROKER/CORPORATION NAME — AS IT APPEARS ON LICENSE; NO DBA'S         DATE         DATE           25. SIGNATURE OF FORMER BROKER/LICENSED OFFICER         DATE         DATE           26. BROKER/LORPORATION NAME — AS IT APPEARS ON LICENSE; NO DBA'S         DATE									
12. BROKER/CORPORATION ID NUMBER       DRE USE ONLY       13. SALESPERSON AFFILIATION DATE       DRE USE ONLY         14. BROKER/CORPORATION NAME — AS IT APPEARS ON LICENSE; NO DBA'S       15. MAIN OFFICE ADDRESS OF BROKER/CORP. — STREET ADDRESS, CITY, STATE, ZIP CODE         INTERPORT OF THE COMPACT OF THE C	* Electronic signa								
14. BROKER/CORPORATION NAME - AS IT APPEARS ON LICENSE; NO DBA'S         15. MAIN OFFICE ADDRESS OF BROKER/CORP STREET ADDRESS, CITY, STATE, ZIP CODE         INTERPORT OF THE ADDRESS OF BROKER/CORP STREET ADDRESS, CITY, STATE, ZIP CODE         INTERPORT OF THE ADDRESS OF BROKER/CORP STREET ADDRESS, CITY, STATE, ZIP CODE         INTERPORT OF THE ADDRESS OF BROKER/CORP STREET ADDRESS, CITY, STATE, ZIP CODE         INTERPORT OF THE ADDRESS OF BROKER/CORP STREET ADDRESS, CITY, STATE, ZIP CODE         INTERPORT OF THE ADDRESS OF BROKER/CORP. SIGNATURE OF NEW BROKER/LICENSED OFFICER - MUST BE ORIGINAL OR ELECTRONIC'S IGNATURE         16. SIGNATURE OF NEW BROKER/LICENSED OFFICER - MUST BE ORIGINAL OR ELECTRONIC'S IGNATURE       DATE         * Electronic signature must comply with California Uniform Transactions Act (CA Civ. Code section 1633.1 eLseq.)       11.         17. PRINTED NAME OF #16 SIGNER       18. BROKER/CORP. EXPIRATION DATE       19. BUSINESS TELEPHONE NUMBER         20. BROKER/CORPORATION ID NUMBER.         20. BROKER/CORPORATION NAME - AS IT APPEARS ON LICENSE; NO DBA'S       21. DATE SALESPERSON AFFILIATION DISCONTINUED         22. BROKER/LICENSED OFFICER         DRE USE ONLY         PROC. # DATE PROCESSED         SENDER'S # DATE SENT				BLE BROKER/					
IS MAIN OFFICE ADDRESS OF BROKER/CORP. — STREET ADDRESS, CITY, STATE, ZIP CODE         RESPONSIBLE BROKER CERTIFICATION         INTEREBY CERTIFY THAT A) THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND B) THERE IS A WRITTEN AGREEMENT WITH THIS SALESPERSON ON FILE IN MY OFFICE AS REQUIRED BY §2726 OF THE COMMISSIONER'S REGULATIONS.         16.SIGNATURE OF NEW BROKER/LICENSED OFFICER — MUST BE ORIGINAL OR ELECTRONIC' SIGNATURE         DATE         * Electronic signature must comply with California Uniform Transactions Act (CA Civ. Code section 1633.1 eLseq.)         17. PRINTED NAME OF #16 SIGNER         DRE BROKER/CORPORATION INFORMATION         20. BROKER/CORPORATION IN D NUMBER.         2. BROKER/CORPORATION IN D NUMBER.         2. BROKER/CORPORATION NAME — AS IT APPEARS ON LICENSE; NO DBA'S         DRE USE ONLY         PROC. #         DRE USE ONLY         PROC. #         DATE PROCESSED			DRE USE ONLY		13. SALESPERSON A				
RESPONSIBLE BROKER CERTIFICATION         IHEREBY CERTIFY THATA) THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND B) THERE IS A WRITTEN AGREEMENT WITH THIS SALESPERSON ON FILE IN MY OFFICE AS REQUIRED BY §2726 OF THE COMMISSIONER'S REGULATIONS.         16. SIGNATURE OF NEW BROKER/LICENSED OFFICER — MUST BE ORIGINAL OR ELECTRONIC'S SIGNATURE       DATE         * Electronic signature must comply with California Uniform Transactions Act (CA Civ. Code section 1633.1 et.seq.)       11.       PRINTED NAME OF #16 SIGNER       19. BUSINESS TELEPHONE NUMBER         ORMER BROKER/CORPORATION INFORMATION         20. BROKER/CORPORATION INFORMATION         21. DATE SALESPERSON AFFILIATION DISCONTINUED         22. BROKER/CORPORATION NAME — AS IT APPEARS ON LICENSE; NO DBA'S         23. SIGNATURE OF FORMER BROKER/LICENSED OFFICER       DATE         DRE USE ONLY         PROC. #       DATE PROCESSED         DRE USE ONLY         PROC. #       DATE PROCESSED	14. BROKER/CORPORATION NAME — AS IT APPEARS ON LICENSE; NO DBA'S								
IHEREBY CERTIFY THATA) THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND B) THERE IS A WRITTENAGREEMENT WITH THIS SALESPERSON ON FILE IM MY OFFICE AS REQUIRED BY §2726 OF THE COMMISSIONER'S REGULATIONS.         16.SIGNATURE OF NEW BROKER/LICENSED OFFICER MUST BE ORIGINAL OR ELECTRONIC* SIGNATURE       DATE         * Electronic signature must comply with California Uniform Transactions Act (CA Civ. Code section 1633.1 et.seq.)       11. PRINTED NAME OF #16 SIGNER       19. BUSINESS TELEPHONE NUMBER         INTERNET IN DATE       19. BUSINESS TELEPHONE NUMBER         20. BROKER/CORPORATION INFORMATION         20. BROKER/CORPORATION ID NUMBER.         21. DATE SALESPERSON AFFILIATION DISCONTINUED         22. BROKER/CORPORATION NAME AS IT APPEARS ON LICENSE; NO DBA'S         23. SIGNATURE OF FORMER BROKER/LICENSED OFFICER         DRE USE ONLY         PROC. #         DATE SENDER'S #	15. MAIN OFFICE ADDRESS OF BROKER/CORP. — STREET ADDRESS, CITY, STATE, ZIP CODE								
* Electronic signature must comply with California Uniform Transactions Act (CA Civ. Code section 1633.1 et.seq.)       1         17. PRINTED NAME OF #16 SIGNER       18. BROKER/CORP.EXPIRATION DATE       19. BUSINESS TELEPHONE NUMBER <b>FORMER BROKER/CORPORATION INFORMATION</b> 20. BROKER/CORPORATION ID NUMBER.       21. DATE SALESPERSON AFFILIATION DISCONTINUED         22. BROKER/CORPORATION NAME - AS IT APPEARS ON LICENSE; NO DBA'S <b>DRE USE ONLY</b> PROC. #       DATE PROCESSED         SENDER'S #       DATE SENT	I HEREBY CERTIFY THAT A) THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND B) THERE IS A WRITTEN AGREEMENT WITH THIS								
17. PRINTED NAME OF #16 SIGNER       18. BROKER/CORP. EXPIRATION DATE       19. BUSINESS TELEPHONE NUMBER         FORMER BROKER/CORPORATION INFORMATION         20. BROKER/CORPORATION ID NUMBER.       21. DATE SALESPERSON AFFILIATION DISCONTINUED         22. BROKER/CORPORATION NAME – AS IT APPEARS ON LICENSE; NO DBA'S         23. SIGNATURE OF FORMER BROKER/LICENSED OFFICER         DRE USE ONLY         PROC. #         DATE SENDER'S #         DATE SENDER'S #							DATE		
FORMER BROKER/CORPORATION INFORMATION         20. BROKER/CORPORATION ID NUMBER.       21. DATE SALESPERSON AFFILIATION DISCONTINUED         22. BROKER/CORPORATION NAME - AS IT APPEARS ON LICENSE; NO DBA'S       23. SIGNATURE OF FORMER BROKER/LICENSED OFFICER         23. SIGNATURE OF FORMER BROKER/LICENSED OFFICER       DATE         PROC. #         DRE USE ONLY         PROC. #         DATE SENDER'S #									
20. BROKER/CORPORATION ID NUMBER.       21. DATE SALESPERSON AFFILIATION DISCONTINUED         22. BROKER/CORPORATION NAME – AS IT APPEARS ON LICENSE; NO DBA'S       23. SIGNATURE OF FORMER BROKER/LICENSED OFFICER         23. SIGNATURE OF FORMER BROKER/LICENSED OFFICER       DATE         DRE USE ONLY         PROC. # DATE PROCESSED         DATE SENDER'S #         DATE SENDER'S #	17. PRINTED N/	AME OF #16 SIGNER							
22. BROKER/CORPORATION NAME – AS IT APPEARS ON LICENSE; NO DBA'S  23. SIGNATURE OF FORMER BROKER/LICENSED OFFICER  23. SIGNATURE OF FORMER BROKER/LICENSED OFFICER  PROC. # DATE PROCESSED SENDER'S # DATE SENT FORM LETTER/COMMENTS DOCUMENT DATE USED & TYPE (circle one)									
23. SIGNATURE OF FORMER BROKER/LICENSED OFFICER DATE  23. SIGNATURE OF FORMER BROKER/LICENSED OFFICER  23. SIGNATURE OF FORMER BROKER/LICENSED OFFICER  DATE  DATE	20. BROKER/CC								
DRE USE ONLY       PROC. #     DATE PROCESSED       SENDER'S #     DATE SENT       FORM LETTER/COMMENTS     DOCUMENT DATE USED & TYPE (circle one)	22. BROKER/CO	ORPORATION NAME — <b>AS</b>	IT APPEARS ON LICENS	E; NO DBA'S					
PROC. #         DATE PROCESSED         SENDER'S #         DATE SENT         FORM LETTER/COMMENTS         DOCUMENT DATE USED & TYPE (circle one)	N	OF FORMER BROKER/LIC	CENSED OFFICER				DATE		
				DRE US	E ONLY				
	PROC. #	DATE PROCESSED	SENDER'S #	DATE SENT	FORM LETTER/COMM	ENTS			

## Try eLicensing

Use *eLicensing* for expedited processing of your change. Renewal information is posted immediately on DRE's public information.

Licensees can perform the following transactions using the *eLicensing* system at **www.dre.ca.gov**:

- Broker and salesperson renewals
- License certificate prints
- Salesperson additions/changes of responsible broker
- Broker discontinuation of salesperson affiliation
- Mailing address, telephone and email address changes
- Broker main office address addition/changes
- Automated fee payment and processing

#### **General Information**

- Type or print clearly in ink (black or blue; do not use red).
- Receipt of this form will not be acknowledged.
- Business and license mailing addresses are public information and as such are posted on the Internet and available from DRE via telephone and written requests. Please consider this when identifying a license mailing address.
- If you electronically re-create this form to facilitate completion on a computer, the form should not be altered in any manner. To do so, could result in disciplinary action. Also, please make certain you do not delete any preprinted information and are using the latest version of the form.
- If the salesperson's license affiliation with the responsible broker is discontinued, any branch and/or division manager appointment will be cancelled as well.

## Type of Change

Check the appropriate box(es) on page 1 and complete the item numbers listed below.

Mailing address	#1-11
Telephone or email address	#1-11
Personal name	#1-11
Activation	#1–19
Responsible broker	#1–19 (required) &
	20-23 (optional)
Affiliation discontinued by broker	#1, 2, and 20-23
Affiliation discontinued by salesperson	#1, 2, 4-11, & 20-22

PRIVACY INFORMATION:

Section 1798.17 of the Civil Code requires this notice be provided when collecting personal or confidential information from individuals. Each individual has the right to review personal information maintained by this Agency, unless access is exempted by law.

Department of Real Estate Assistant Commissioner

651 Bannon Street Licensing & Administration

Sacramento, CA 95811 Telephone: 877-373-4542 General powers of the Commissioner, Sections 10050, 10071, and

10075 of the Business and Professions Code authorizes the maintenance of this information.

Business and Professions Code Sections 30, 31(e) and 494.5(d) require each real estate licensee to initially provide to the Department of Real Estate his or her social security number which will be furnished to the Franchise Tax Board. The Franchise Tax Board will use your number

to establish identification exclusively for tax purposes. These code sections also require that each application for a new license or renewal provides notification on the application, that the Department of Tax and Fee Administration and the Franchise Tax Board will share taxpayer information with the Department of Real Estate, and that failure to pay tax obligations may result in a suspension or denial of a license. The Department of Tax and Fee Administration and Franchise Tax Board require the Department to collect social security numbers and federal taxpayer identification numbers for the purposes of matching the names of the 500 largest tax delinquencies pursuant to Section 7063 or 19195 of the Revenue and Taxation Code. Your social security numbers and federal taxpayer identification number shall not be deemed public records and shall not be open to the public for inspection.

The Real Estate Law and the Regulations of the Commissioner require applicants to provide the Department with specific information. If all or any part of the required information is not provided, processing may

*Change of Personal Name* – Enter full new name. Attach verification of name change (i.e., legible copy of drivers license, marriage certificate, court order, etc.) showing prior and current names. Sign this form with your new name.

*Duplicate License* – License certificates can be printed online anytime using eLicensing.

*Mailing Address* – The mailing address (*post office box, residence or business address*) is used to mail correspondence to you. If your mailing address is that of your broker, please note "c/o" (*in care of*) your responsible broker or corporation.

*Non-California Residents* – If residing outside the State of California or if moving from one out of state address to another state, a Consent To Service Of Process (RE 234) is also required, if not already on file.

## Mailing Information

This application may be submitted in person at any district office or mailed to the Sacramento office.

Mail To: Department of Real Estate

651 Bannon Street, STE 503 Attn: Business Support Section Sacramento, CA 95811

# Note To Responsible Broker/Corporation

*Responsible Broker/Corporation ID# and Name* – If you are licensed both as an individual broker and as an officer of a corporation, enter the appropriate ID# and name.

- If the salesperson will be working for you under your individual license, enter the name and ID# from that license.
- If the salesperson will be working for you under your corporation officer's license, enter the corporation name and ID# from that license.
- Do not list DBA's on this application.

be delayed. In addition, the Commissioner may suspend or revoke a license, or in the case of a license applicant, may deny the issuance for misstatements of facts (including a failure to disclose a material fact) in an application for a license.

The information requested in this form is primarily used to furnish license status information to the Department's Enforcement Division, and to answer inquiries and give information to the public on license status, mailing and business addresses and actions taken to deny, revoke, restrict or suspend licenses for cause.

This information may be transferred to real estate licensing agencies in other states, law enforcement agencies (City Police, Sheriff's Departments, District Attorneys, Attorney General, F.B.I.), and any other regulatory agencies (i.e., Department of Financial Protection and Innovation, Department of Insurance, Department of Consumer Affairs, California Bar Association).