

**FEE: \$20**  
**(non-refundable)**  
 Payable to:  
 Maine State Treasurer  
 40601457

**AGENCY RECORD MODIFICATION**  
**OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION**  
**MAINE REAL ESTATE COMMISSION**  
 Mailing Address: 35 State House Station, Augusta, Maine 04333  
 Physical Address: 76 Northern Avenue, Gardiner, Maine 04345  
 Phone: (207) 624-8521 TTY users call Maine Relay 711

FOR MREC OFFICE USE ONLY  
 CHECK NO \_\_\_\_\_  
 AMT \_\_\_\_\_  
 CASH NO \_\_\_\_\_  
 APPRVL DATE \_\_\_\_\_

Mail all materials and required fee to the address above .  
**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 ON FILE 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  
 \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Owner or Authorized Official

**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 \_\_\_\_\_

Agency Email Address (for future communication): \_\_\_\_\_

**PAYMENT OPTIONS:**  
 Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print)	FIRST	MIDDLE INITIAL	LAST
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my			
VISA	MASTERCARD	the following amount: \$ _____	
<b>I understand that fees are non-refundable</b>			
Card number:	XXXX-XXXX-XXXX-XXXX	Expiration Date	mm / yyyy
Signature of cardholder:	Date:		