



**CHANGE OF DESIGNATED BROKER**  
 NORTH DAKOTA REAL ESTATE COMMISSION  
 SFN 62580 (11/2024)

1120 College Dr Ste 204  
 Bismarck ND 58501  
 Phone: (701) 328-9749  
 Email: [ndrec@nd.gov](mailto:ndrec@nd.gov)  
 Website: [realestatend.org](http://realestatend.org)

**CHANGE OF DESIGNATED BROKER FEE - \$100**

Pay online at: <https://www.realestatend.org/pay-bill> (Reference: Change Broker).

Email completed form and required documents to [ndrec@nd.gov](mailto:ndrec@nd.gov)

**NOTE:** For a change of designated broker, this form must be completed, and the fee received by NDREC within 5 days of the effective date listed on this form.

I have included an updated *Consent to Examine Trust Account* form or a *Trust Account Waiver* form signed by the NEW DESIGNATED BROKER (forms can be downloaded here: <https://www.realestatend.org/licenses/forms/>).

Firm Name		Firm Number	
Physical Address	City	State	ZIP Code
Mailing Address (if different from above)	City	State	ZIP Code
Telephone Number	Email Address		
The firm listed above will change the DESIGNATED BROKER. Effective Date of Change			

I understand that the North Dakota Real Estate Commission (NDREC) staff communicate with licensees primarily through email. *If my email address changes, I must update it through NDREC's Online Services at [realestatend.org](http://realestatend.org)*

**CURRENT DESIGNATED BROKER**

I will no longer be the DESIGNATED BROKER of the firm listed above.

Name (First, Last)		License Number
Signature of Current Designated Broker	Print Name	
<input type="checkbox"/> I will remain with the firm as a broker associate <input type="checkbox"/> I will go to Inactive status (Inactive Status Request form can be downloaded here: <a href="https://www.realestatend.org/licenses/forms/">https://www.realestatend.org/licenses/forms/</a> ) <input type="checkbox"/> I will cancel my license (Cancel License Request form can be downloaded here: <a href="https://www.realestatend.org/licenses/forms/">https://www.realestatend.org/licenses/forms/</a> )		

**NEW DESIGNATED BROKER**

I will serve as the DESIGNATED BROKER of the firm as of the effective date listed above.

Name (First, Last)		License Number
Signature of New Designated Broker	Print Name	

*For Official Use Only*

Receipt Number
Date Paid
Date Updated