



APPLICATION FOR CHANGE OF ADDRESS OR NAME

North Dakota Real Estate Commission
1110 College Dr. Suite 207
PO Box 727
Bismarck, ND 58502-0727
(09/15)

FOR OFFICIAL USE ONLY
Date Mailed: _____
Receipt No. _____
Date Posted: _____

**CHECK APPROPRIATE BOXES
COMPLETE ALL REQUIRED LINES OF INFORMATION**

- CHANGE OF BUSINESS NAME** Quantity
\$25.00 x _____ = _____
Note: New Licenses must be issued for each licensee when the business/firm name is changed.
- CHANGE OF BUSINESS ADDRESS**
\$25.00 x _____ = _____
Note: New Licenses must be issued for each licensee when the business/firm address is changed.
- CHANGE OF LICENSEE NAME** Quantity
\$25.00 x _____ = _____
- CHANGE OF HOME ADDRESS** No Charge

TOTAL REMITTED _____

Name Indicated on License		License Number		Home Phone Number	
Licensee's New Name 2)		Email Address		Business Phone Number	Fax Number
Licensee's Old Address 3)		City	State	Zip	
Licensee's New Address 4)		City	State	Zip	
Business/Firm Old Name 5)					
New Business/ Firm New Name 6)					
Business/ Firm Old Address 7)		City	State	Zip	
New Business/ Firm New Address 8)		City	State	Zip	
Mailing Address 9)		City	State	Zip	

ADDITIONAL BROKERS, BROKER ASSOCIATES, AND/OR SALESPERSONS:

Note: New Licenses must be issued for each licensee when the business/firm name or address is changed.

Date: _____

Principal Broker: _____
(print)

Principal Broker: _____
(signature)