



**TRANSFER OR ACTIVATE LICENSE REQUEST**  
 NORTH DAKOTA REAL ESTATE COMMISSION  
 SFN 12156 (02/2021)

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

**SALESPERSON or ASSOCIATE BROKER TRANSFER FEE - \$50**

Pay online at: <https://www.realestatend.org/pay-bill> (Reference: Transfer or Activate)

If you cannot pay online, you may send a check or money order payable to NDREC. Cash is not accepted.

Name (First, Last)		License Number	
Residence Address	City	State	ZIP Code
Mailing Address (if different from above)	City	State	ZIP Code
Telephone Number	Email Address		
<input type="checkbox"/> My license is currently <b>Active</b> and I am <i>transferring</i> to a new firm <input type="checkbox"/> My license is currently <b>Inactive</b> and I am applying to <i>activate</i> an Inactive License <input type="checkbox"/> Attach a current Errors and Omissions (E&O) Insurance verification even if you are covered under your firm's policy. <input type="checkbox"/> Resident licensee, please contact the NDREC regarding any continuing education (CE) you may need prior to activating. <input type="checkbox"/> Non-resident or reciprocal licensee, attach a Certificate of Licensure (COL) from your state of residence dated within the past 30 days.			

I have given written notice to my current broker that I am transferring from their firm. **NOTICE:** Failure to notify current broker constitutes a false application to transfer which could result in disciplinary action against the transferee.

Signature of Salesperson or Associate Broker	Date
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Complete this section if you are transferring  
**RELEASE FROM CURRENT BROKER**

I am aware that it is my responsibility to see that the paper certificate is destroyed. I agree to release the above real estate salesperson or associate broker from my employ as part of the transfer.

Date Effective			
Signature of Current Broker			
Firm Name			
Physical Address	City	State	ZIP Code

**NEW EMPLOYING BROKER – AGREEMENT TO EMPLOY**

I agree to employ the above real estate salesperson or associate broker as part of the transfer

Date Effective:			
Signature of New Employing Broker			
Firm Name		Firm Number	
Physical Address	City	State	ZIP Code

*For Official Use Only*

Receipt Number
Date Paid