



STATE OF MARYLAND  
 DEPARTMENT OF LABOR  
 DIVISION OF OCCUPATIONAL AND PROFESSIONAL  
 LICENSING  
 REAL ESTATE COMMISSION OF MARYLAND  
 1100 N. EUTAW STREET, ROOM 121 BALTIMORE, MD 21201  
 MREC e-mail dlmrec-labor@maryland.gov  
 http://www.labor.maryland.gov/license/mrec

DO NOT WRITE IN THIS SPACE  
 RECEIVED \_\_\_\_\_  
 FEE \$ \_\_\_\_\_

**APPLICATION FOR REAL ESTATE LICENSE CHANGE**  
**ALL FEES MUST BE REMITTED BY CHECK, MONEY ORDER, CREDIT CARDS ON-LINE ONLY**  
**DO NOT SEND CASH**  
**PAYABLE TO THE MARYLAND REAL ESTATE COMMISSION**  
**NO ELECTRONIC SIGNATURES**  
**CASHED CHECKS OR MONEY ODERS DOESN'T MEAN APPLICATION IS APPROVED**

**INSTRUCTIONS**

ALL NAME CHANGES, ADDRESS CHANGES, TRANSFERS, TERMINATIONS, INACTIVE STATUS AND REACTIVATION OF A CURRENT LICENSE IN GOOD STANDING MAY BE PRESENTED IN THIS FORM OR ON-LINE TO THE REAL ESTATE COMMISSION.

Whenever the authority of an associate broker or salesperson to represent a broker is terminated by the broker, by law the broker shall immediately notify the Commission in writing and furnish a copy of the notice to the salesperson at his/her last known address advising of the termination of such authority. A copy of the Notice must accompany this application (Broker complete Section II only)

**Personal name change i.e. marriage certificate, divorce decree or court order must submit documentation to the Commission.**

I, \_\_\_\_\_ REGISTRATION # \_\_\_\_\_  
 PRINT NAME (AGENT)

Hereby make application to the Real Estate Commission of Maryland this \_\_\_\_\_ day of \_\_\_\_\_

20\_\_\_\_\_ for a change to my real estate license as indicated below

**TYPE OF CHANGE (please circle)**

Personal Name Change/ Nickname	\$25.00	Branch Office Termination	No Fee
Broker Business Name Change	\$25.00	Branch Office Transfer	No Fee
(AND)		Home Address Change	No Fee
Each licensee under Broker	\$25.00	Inactive Status ( <b>Licensee only</b> )	No Fee
Transfer	\$25.00	Termination ( <b>Licensee only</b> )	No Fee
(LICENSE CATEGORY 11, 33, AND 55 ONLY)		Unaffiliate ( <b>Brokerage only</b> )	No Fee
Broker Business Address Change	\$ 5.00	Email Address	No Fee
Reactivation of Inactive License	\$25.00	Commercial <b>only</b> /Residential	No Fee
		Decedent (attach a copy of the death certificate or obituary)	

Applicant Signature: \_\_\_\_\_

**SECTION I - ONLY IF YOU ARE MAKING ONE OR BOTH OF THE CHANGES**  
**BUSINESS NAME CHANGE - \$25.00 MAIN OFFICE ADDRESS CHANGE - \$5.00**

BUSINESS NAME : \_\_\_\_\_ BUSINESS TELEPHONE NUMBER: \_\_\_\_\_

BROKER'S MAIN OFFICE ADDRESS \_\_\_\_\_  
 NUMBER AND STREET BROKER'S REG NO. & SUFFIX NO.

CITY COUNTY STATE ZIP CODE

**\* You must submit Articles of Incorporation or Organization and trade name registration APPROVED by the Maryland Department of Assessment & Taxation (410-767-1340).**

**\*If you are operating as a sole proprietor you must register with the Maryland Department of Assessments and Taxation and submit proof you are registered.**

**SECTION II – TERMINATION —NO FEE -NO ELECTRONIC SIGNATURE**

I acknowledge that: \_\_\_\_\_ REGISTRATION # \_\_\_\_\_  
PRINT FULL NAME (AGENT) OR TERMINATING BRANCH ADDRESS IF TERMINATING BRANCH  
BROKER-BRANCH NUMBER

IS NO LONGER AFFILIATED WITH: \_\_\_\_\_  
PRINT COMPANY NAME

I have attached a copy of the termination notice sent to the licensee’s last known address.

Broker’s Registration Number: \_\_\_\_\_ Broker’s Personal Name: \_\_\_\_\_

Broker’s Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**SECTION III - EMAIL ADDRESS CHANGE/PERSONAL NAME AND ADDRESS CHANGE**

**NAME CHANGE FEE OF \$25.00 AND PROOF OF NAME CHANGE IS ENCLOSED WITH APPLICATION**

NICKNAME /PERSONAL NAME: \_\_\_\_\_ REGISTRATION# (LICENSE): \_\_\_\_\_  
PLEASE PRINT NAME

PERSONAL ADDRESS CHANGE: \_\_\_\_\_

PRIVATE EMAIL: \_\_\_\_\_ PUBLIC EMAIL: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE DATE DAY TIME TELEPHONE NUMBER FAX NUMBER

**SECTION IV - INACTIVE STATUS (RENEWAL FEE MUST BE PAID)**

I desire to place my license on an inactive status until further notice. (Maximum of 3 years Title 17-316D (2))

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_  
PRINT NAME

HOME ADDRESS \_\_\_\_\_  
NUMBER AND STREET CITY/COUNTY STATE ZIP CODE

**SECTION V - TRANSFER TO NEW BROKER/BROKER REACTIVATION**

**TRANSFER FEE OF \$25.00 OR REACTIVATION FEE OF \$25.00 IS ENCLOSED WITH THIS APPLICATION.**

I hereby sponsor the licensee named on the reverse side of this form. I acknowledge that I am responsible for the licensee’s activity pursuant to Business Occupations & Professional Article, Title 17.

\_\_\_\_\_  
NEW BROKER’S TRADE NAME BROKER REG. #

\_\_\_\_\_  
NEW BROKER ADDRESS CITY COUNTY STATE ZIPCODE

\_\_\_\_\_  
BROKER’S SIGNATURE ONLY TELEPHONE NUMBER DATE

(\*WHEN BROKER REACTIVATES PLEASE SUBMIT WITH APPLICATION: LETTER WITH ESCROW ACCOUNT INFORMATION, PERCENTAGE OF OWNERSHIP OF COMPANY, A COPY OF ARTICLES OF INCORPORATION AND PROOF THE COMPANY IS REGISTERED AND IN GOOD STANDING WITH THE DEPARTMENT OF ASSESSMENTS AND TAXATION)