

Change Form
(To be completed by Agent/Broker)

Date: _____

Name of Person needing change:

Name of Office Person works for:

Type of change:

All changes must reflect on DRE website prior to LCAOR processing requested change

Change of Name
Name as it appears on RE License _____

Change of Office *Must include letter from previous Broker to transfer listings
Name of new office _____

Change of contact info (Address, phone number, email address)
Office Address:

Office Phone/Fax:

Mailing Address:

New email or other contact #'s

No longer in business
As of ____/____/____

Other _____

Agent Signature

Broker Signature

Please fax to:
Lake County Association of REALTORS® at 707-263-9310