

**Vermont Real Estate Commission**

89 Main Street 3<sup>rd</sup> Floor, Montpelier, VT 05620-3402

Website: www.vtprofessionals.org

802-828-3228

**CHANGE OF INFORMATION FORM**

Section A

Name of licensee or business: \_\_\_\_\_

**License #:** \_\_\_\_\_

Email address: \_\_\_\_\_

Home address: \_\_\_\_\_

**Licensee signature:** \_\_\_\_\_

My Name has changed to (if applicable): \_\_\_\_\_

(Please print)

**Note: Make checks payable to "Vermont Secretary of State"**

- I wish to change my name. **(\$10.00 fee required)**
- I wish to change the office name. **(\$10.00 fee required for each license)**
- I wish to change my address. **(\$10.00 fee required)**
- I wish to change the office address. **(\$10.00 fee required for each license)**
- I wish to change my email address or personal address not the office address. **(No fee required)**
- I wish to have my license placed into inactive status. **(\$25.00 fee required)**
- I wish to have the office placed in inactive status. **(\$25.00 fee required)**
- I wish to transfer my license to another broker/office. **(\$10.00 fee required)**
- Change of principal broker/broker in charge only. **(\$10.00 fee required)**
- I am returning the wall license for the above licensee. My signature below releases the above licensee from my supervision.

Section B

Name of old office: \_\_\_\_\_

**License # of office:** \_\_\_\_\_

Address of office: \_\_\_\_\_

Principal broker: \_\_\_\_\_

Principal broker license #: \_\_\_\_\_

**Signature of releasing principal broker:** \_\_\_\_\_

Section C

Name of New office: \_\_\_\_\_

**License # of office:** \_\_\_\_\_

Address of new office: \_\_\_\_\_

Phone # of new office: \_\_\_\_\_

Broker in charge: \_\_\_\_\_

Broker in charge license #: \_\_\_\_\_

Principal broker: \_\_\_\_\_

Principal broker license #: \_\_\_\_\_

**Signature of new principal broker:** \_\_\_\_\_

**Please make sure to keep a copy for your records and mail the original to the address above.**