

Michigan Department of Consumer & Industry Services
Bureau of Commercial Services
Licensing Division
BOARD OF REAL ESTATE BROKERS & SALESPERSONS
P.O. Box 30243, Lansing, MI 48909
517-241-9263
www.michigan.gov/commerciallicensing

FOR OFFICE USE ONLY
65-0

REQUEST FOR RECORD CHANGE

AUTHORITY: P.A. 299 of 1980, as amended
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your application

FEE: \$10.00 FOR EACH ACTIVE LICENSE

WALL LICENSE(S) MUST BE RETURNED WITH THIS REQUEST

Name and Signature of Contact Person ()
Daytime Telephone Number

INSTRUCTIONS:
1. The following are to be mailed to the Department at the above address:
A. This completed form, printed or typed.
B. The appropriate fee for each license.
(If the broker's record is changed, a fee is also required to change and reissue each associate broker, salesperson, and branch office.)
C. **ENCLOSE ALL WALL LICENSES BEING CHANGED.** Do not attach photocopies or expired wall licenses.
D. Copy of **filed documents** for:
(1) DBA Certificate from County Clerk if individual broker is adding an assumed name, changing an existing DBA or if changing counties.
(2) Amendment to Corporate Articles and/or Corporate Assumed name Certificate if corporation name and/or DBA is changed or added.
2. All forms may be downloaded at the Department's web site: www.michigan.gov/commerciallicensing, "Forms and Publications"
A. Do not use this form for Salesperson Transfers. Use the Real Estate Salesperson Transfer Application (BCS/LRE-050).
B. Do not use this form for Branch Office location changes. Use the Real Estate Branch Office Application (BCS/LRE-070).

SECTION 1 - BROKER CHANGES
Any changes to this section will require the completion of Section 3 on Side 2

BROKER ID NUMBER: **65-01-** BROKER NAME: _____

TYPE OF CHANGE (complete all that apply)
1. Change Business Address (must be address of business' physical location)

NEW STREET ADDRESS: _____ P.O. BOX, if any: _____

CITY: _____ STATE: _____ ZIP CODE: _____

2. Change: Business Name Change DBA Add DBA **(see instruction 1.d. above)**

NEW BUSINESS NAME: _____

3. Change Broker's Personal Name (Individual Broker Only)

NEW NAME (First, MI, Last): _____

FEE PAYMENT INFORMATION (Check Appropriate Box)

FOR OFFICE USE ONLY - VALIDATION

Please indicate the number of licenses needing to be issued and complete the total fee due below:

REISSUE _____ License(s) @10.00 for a total of \$ _____
(65-01-32)

Make your check or money order from a U.S. Financial Institution payable to:
STATE OF MICHIGAN - REAL ESTATE

FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979, AS AMENDED AND R338.943 AND R338.944.

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

