



**BOARD OF REALTY REGULATION**  
**301 S. PARK, ROOM 498**  
**P.O. BOX 200513**  
**HELENA, MT 59620-0513**  
**(406) 444-2961~ (406) 841-2323 (FAX)**

OFFICE USE ONLY:  
 Change Completion:  
 Date: \_\_\_\_\_ Int: \_\_\_\_\_

**NAME/ADDRESS CHANGE, STATUS CHANGE AND TRANSFER FORM**

**Check appropriate boxes**  
**Complete all required lines of information (as denoted in parentheses)**  
**Remit appropriate fee for each box checked.**

- CHANGE OF BUSINESS ADDRESS (2, 4 & 5)** **\$45.00**  
 (Salespeople under broker supervision automatically change at no additional cost)
- CHANGE OF STATUS TO ACTIVE (1, 3, 4, 6, 7 & 8)** **\$45.00**
- TRANSFER TO A NEW BROKER (1 thru 8)** **\$45.00**
- CERTIFIED LICENSE HISTORY (1, 7 & 8)** **\$15.00**
- REQUEST A DUPLICATE WALL LICENSE (1, 2 & 7)** **\$15.00**
- CHANGE OF STATUS TO INACTIVE (1, 5, 7 & 8)** **\$10.00**
- CHANGE OF HOME ADDRESS (1, 7 & 8)** **No Charge**
- CHANGE OF BUSINESS NAME (1, 2, 3 & 5)** **No Charge**
- CHANGE OF LICENSEE NAME (1, 3 & 7)** **No Charge**
- RELEASING SUPERVISION OF LICENSEE (1, 2 & 5)** **No Charge**
- CANCELLATION OF LICENSE (1 & 7)** **No Charge**

**TOTAL AMOUNT REMITTED \$ \_\_\_\_\_**

**I request the Board of Realty Regulation to process this form as indicated above:**

1.	Licensee's Name	License Number	Home Phone Number
2.	Current Broker or Business Name	License Number	Business Phone Number
3.	New Broker or Business Name	Trust Account Number	Business Phone & Fax Number
4.	New Broker or Business Address		
		City	State Zip
5.	Current Broker or Releasing Brokers Signature		Date
6.	New Broker Signature		Date
7.	Licensee's Signature		Date
8.	New or Current Home Address		
		City	State Zip

**Licensee name change, inactive status, transfer to a new broker, release of supervision and license cancellation**

