



**STATE OF MISSOURI**  
**DIVISION OF PROFESSIONAL REGISTRATION**  
**MISSOURI REAL ESTATE COMMISSION**  
**INFORMATION AND LICENSE**  
**CHANGE**

3605 MISSOURI BOULEVARD  
P.O. BOX 1339  
JEFFERSON CITY, MISSOURI 65102  
TELEPHONE (573) 751-2628  
FAX (573) 751-2777  
realestate@pr.mo.gov  
www.pr.mo.gov/realestate.asp

FOR MREC USE ONLY				
TYPE OF LICENSE		BRO	BRA	BRP
SAL	BRK	IAS	PCB	PCS
BRS	INB			
NEW BROKER NAME				
DATE			FEE	

**SECTION 1A ALL APPLICANTS MUST COMPLETE THIS SECTION**

NAME OF APPLICANT			LICENSE NUMBER OR SSN	
RESIDENCE ADDRESS (NUMBER, STREET, PO BOX, CITY, STATE, ZIP CODE)				
HOME PHONE (INCLUDE AREA CODE)	CELL PHONE (INCLUDE AREA CODE)	PERSONAL EMAIL ADDRESS		

**SECTION 1B ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS, SIGN & DATE. IF YES, EXPLAIN ON A SEPARATE SHEET.**

- A. Have you been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution in this state, or any other state, or of the United States, whether or not sentence was imposed? **NOTE: This includes Suspended Imposition of Sentence, Suspended Execution of Sentence, misdemeanor and felony convictions, and alcohol related offenses, i.e. DWI and BAC. Check yes if NOT previously disclosed to this Commission** and provide the date of the conviction and/or pleading, nature of the offense, court location, and case number on a separate sheet.
- YES  NO
- B. Have you ever had a real estate application denied or your real estate license suspended, revoked, placed on probation, or otherwise disciplined in Missouri or any other state or jurisdiction? **Check yes if NOT previously disclosed to this Commission** and provide name of state or jurisdiction, reason for denial or discipline and approximate dates on a separate sheet.
- YES  NO

I hereby authorize the Missouri Real Estate Commission, to release and/or discuss information contained in my application with the Designated Broker and/or the brokers that have provided their signature(s) in Sections 2A and 2B.

ORIGINAL OR VERIFIABLE ELECTRONIC SIGNATURE OF APPLICANT	DATE
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**SECTION 1C INDICATE CHANGE BEING REQUESTED AND SUBMIT APPLICABLE FEE. THE NUMBERED ITEMS IN THIS SECTION CORRESPOND WITH THE NUMBERED INSTRUCTIONS ON THE REVERSE SIDE.**

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|---|---|
| <p>1. <input type="checkbox"/> Transfer Salesperson or Broker-Salesperson license to another Broker. Fee: \$50.00</p> <p>2. <input type="checkbox"/> Place license on inactive status. Fee: \$50.00</p> <p>3. <input type="checkbox"/> Reactivate Salesperson license. Fee: \$50.00</p> <p>4. <input type="checkbox"/> Change status to Broker-Salesperson. Fee: \$50.00</p> <p>5. <input type="checkbox"/> Change status to Individual Broker. (Section 2B <u>must</u> be completed.) Fee: \$50.00</p> <p>6. <input type="checkbox"/> Change status to or transfer. Fee: \$50.00<br/> <input type="checkbox"/> Broker-Officer <input type="checkbox"/> Broker-Associate <input type="checkbox"/> Broker-Partner<br/> <b>NOTE: Each broker-officer, broker-associate, or broker-partner licensed in Missouri MUST retain a comparable position/title within the firm.</b></p> <p>7. <input type="checkbox"/> Obtain additional license. Fee: \$50.00<br/> <input type="checkbox"/> Broker <input type="checkbox"/> Broker-Officer <input type="checkbox"/> Broker-Associate <input type="checkbox"/> Broker-Partner<br/> <b>NOTE: Each broker-officer, broker-associate, or broker-partner licensed in Missouri MUST retain a comparable position/title within the firm.</b></p> <p>8. <input type="checkbox"/> Change of status from. Fee: \$50.00<br/> <input type="checkbox"/> Professional Corporation Salesperson to Salesperson<br/> <input type="checkbox"/> Professional Corporation Broker-Salesperson license to Broker-Salesperson</p> <p>9. <input type="checkbox"/> Replace lost, stolen or destroyed license. Replace license for name or address change. Complete Section 1A, 1C and 2B. Fee: \$25.00</p> <p>10. <input type="checkbox"/> Remove licensee from Broker's or entity's affiliation. No fee required. Complete Section 1A, 1C and 2A.</p> <p>11. <input type="checkbox"/> Reinstatement of Suspended License. Fee: \$50.00</p> | <p>12. <input type="checkbox"/> Change name of Corporation, Partnership or Association. Fee \$100.00. Complete Section 1A with former name and Section 2B with new name.</p> <p>13. <input type="checkbox"/> Add, cancel, or renew fictitious name or trade name. Provide name and mark appropriate box below. Attach copy of approved registration from the Secretary of State's office. If using trade name, attach copy of complete signed agreement.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><input type="checkbox"/> New <input type="checkbox"/> Cancel <input type="checkbox"/> Renewal</p> <p>14. <input type="checkbox"/> Branch office notification. Sections 1C and 2B must be completed by the broker or designated broker. Mark appropriate box and provide the following:</p> <p style="text-align: center;"><input type="checkbox"/> New/additional branch office <input type="checkbox"/> Change in branch office<br/> <input type="checkbox"/> Closing branch office <input type="checkbox"/> Change in branch manager</p> |
|---|---|

BRANCH OFFICE MANAGER	LICENSE NO.
BRANCH OFFICE LOCATION	
PHONE NUMBER	FORMER BRANCH MANAGER (IF APPLICABLE)
FORMER BRANCH LOCATION (IF APPLICABLE)	

<b>SECTION 2A</b>	ORIGINAL OR VERIFIABLE ELECTRONIC SIGNATURE OF FORMER BROKER	FORMER BROKER NAME, PRINTED OR TYPED	DATE
	NAME OF FORMER BROKER/ENTITY		BUSINESS PHONE (INCLUDE AREA CODE)
<b>SECTION 2B</b>	ORIGINAL OR VERIFIABLE ELECTRONIC SIGNATURE OF NEW BROKER	NEW BROKER NAME, PRINTED OR TYPED	DATE
	NAME OF NEW CORPORATION/PARTNERSHIP/ASSOCIATION/BROKER (DO NOT USE DBA/FICTITIOUS NAMES)		MO BROKER/ENTITY LICENSE NO., IF APPLICABLE
	BUSINESS ADDRESS (MAIN OFFICE ONLY) (NUMBER, STREET, CITY, STATE, ZIP CODE)		BUSINESS PHONE (INCLUDE AREA CODE)
<b>BROKER'S E-MAIL ADDRESS (IN CASE OF TRANSFER APPLICATION REJECTION, BROKER'S E-MAIL ADDRESS IS REQUIRED SO THAT IMMEDIATE NOTIFICATION CAN BE PROVIDED.)</b>			

## GENERAL INSTRUCTIONS

- A. Type or print LEGIBLY. Use black or blue ink. INCOMPLETE APPLICATIONS WILL BE RETURNED FOR CORRECTION.
- B. When a fee is required, the amount is indicated. Make check or money order payable to the "Missouri Real Estate Commission." **All fees are nonrefundable.**
- C. Attach original license when applicable. If the original license has been lost, stolen or destroyed, the current broker must attach a signed explanation.
- D. Any applicant reactivating an inactive license or a license that has been noncurrent for over six months must attach a copy of the 24-hour Missouri Real Estate Practice (MREP) course completion certificate. **24-hour MREP course completion certificate cannot be more than six months old at time of submission.**
- E. Mail the application to: Missouri Real Estate Commission, P.O. Box 1339, Jefferson City, MO 65102. Hand delivery or express delivery service: Missouri Real Estate Commission, 3605 Missouri Blvd., Jefferson City, MO 65109.
- F. The new license will be mailed to the brokerage approximately 2 - 3 weeks after the properly completed application is received by the Commission. **To expedite and request a temporary work permit, enclose a stamped envelope addressed to the brokerage.**

**Additional information on specific changes is provided below. The numbered instructions in this section correspond with the numbered items on the reverse side.**

- 1. TRANSFER SALESPERSON OR BROKER-SALESPERSON LICENSE TO ANOTHER BROKER:** Complete Section 1A, 1B and 1C. The current broker must complete Section 2A and attach the applicant's original license. The current broker's signature is not required if the applicant's license has been previously returned to the Commission. The new broker must complete Section 2B. Refer to 20 CSR 2250-4.050(4).
- 2. PLACE LICENSE ON INACTIVE STATUS:** Complete Section 1A, 1B and 1C. The current broker must complete Section 2A and attach applicant's original license. A closing form must be submitted with this application if the applicant holds a broker license or the applicant is the only licensed broker-officer, broker-partner or broker-associate of a corporation, partnership or association. **NOTE: Before an inactive license may be reactivated, the 24-hour Missouri Real Estate Practice (MREP) course must be completed.**
- 3. REACTIVATE SALESPERSON LICENSE:** Complete Section 1A, 1B and 1C. If applicable, attach inactive original license, and completion certificate showing proof of completion of the 24-hour Missouri Real Estate Practice (MREP) course. Section 2B must be completed by the new broker. **24-hour MREP course completion certificate cannot be more than six months old at time of submission.**
- 4. CHANGE STATUS TO BROKER-SALESPERSON:** Complete Section 1A, 1B and 1C. The current broker must complete Section 2A and attach applicant's original license. If inactive, attach inactive original license and refer to D of the general instructions. The new broker must complete Section 2B. A closing form must be submitted with this application if the applicant holds a broker license or the applicant is the only licensed broker-officer, broker-partner or broker-associate of a corporation, partnership, or association.
- 5. CHANGE STATUS TO INDIVIDUAL BROKER:** Complete Section 1A, 1B, 1C and 2B. The current broker must complete Section 2A and attach applicant's original license. If inactive, attach inactive original license and refer to D of the general instructions. Attach Consent to Examine and Audit Escrow or Trust Account form, and complete Section A if not maintaining an account. If using a fictitious name, complete #13 in Section 1C and refer to #13 below. A closing form must be submitted with this application if the applicant is the only licensed broker-officer, broker-partner or broker-associate of a corporation, partnership, or association.
- 6. CHANGE STATUS TO OR TRANSFER BROKER-OFFICER, BROKER-PARTNER OR BROKER-ASSOCIATE LICENSE:** Complete Section 1A, 1B and 1C. The current broker must complete Section 2A and attach applicant's original license. The designated broker must complete Section 2B. A closing form must be submitted with this application if the applicant holds a broker license or the applicant is the only licensed broker-officer, broker-partner or broker-associate of a corporation, partnership or association (LLC). If applicant will be the designated broker of the firm, attach a Change in Designated Broker form. If inactive, attach inactive original license and refer to D of the general instructions.
- 7. OBTAIN ADDITIONAL BROKER, BROKER-OFFICER, BROKER-PARTNER OR BROKER-ASSOCIATE LICENSE:** Complete Section 1A, 1B, 1C and 2B. If adding a broker-officer or broker-associate to a corporation or association (LLC), the designated broker must complete Section 2B. If becoming the designated broker, attach a Change in Designated Broker form. If becoming a broker, attach Consent to Examine and Audit Escrow or Trust Account form and complete Section A if not maintaining an account.
- 8. CHANGE IN STATUS FROM PROFESSIONAL CORPORATION SALESPERSON TO SALESPERSON OR PROFESSIONAL CORPORATION BROKER-SALESPERSON TO BROKER-SALESPERSON:** Complete Section 1A, 1B and 1C. The current broker must complete Section 2A and attach the applicant's original license. The current broker's signature is not required if the applicant's license has been previously returned to the Commission. The new broker must complete Section 2B. Refer to 20 CSR 2250-4.075(7) and 20 CSR 2250-4.050(4).
- 9. REPLACE LOST, STOLEN OR DESTROYED LICENSE OR REPLACE LICENSE FOR NAME OR ADDRESS CHANGE:** Complete Section 1A and 1C. Broker must complete Section 2B.
- 10. REMOVE LICENSEE FROM BROKER'S OR ENTITY'S AFFILIATION:** Attach original license. Complete Section 1A, 1C and 2A. No fee required.
- 11. REINSTATEMENT OF SUSPENDED LICENSE:** Complete Section 1A, 1B, and 1C. Broker must complete Section 2B. If applicable, attach copy of Certificate of Tax Compliance and an activity statement signed by the licensee.
- 12. CHANGE NAME OF CORPORATION, PARTNERSHIP OR ASSOCIATION:** Complete Section 1A with former name. Attach original entity license. Designated broker must complete Section 2B with new name and address. If a corporation, attach approved copy of Certificate of Amended Name Change. If a partnership, attach approved copy of Fictitious Name Registration. If an association (Limited Liability Company), attach approved copy of Amendment of Articles of Organization.
- 13. ADD, CANCEL, OR RENEW FICTITIOUS NAME OR TRADE NAME:** Complete Section 1A and 1C. Submit a copy of the Fictitious Name Registration which has been approved by the Missouri Secretary of State's Office. Include a signed copy of the new/amended franchise agreement or trade agreement, if applicable. Section 2B must be completed by the broker or designated broker.
- 14. BRANCH OFFICE NOTIFICATION.** Section 1C and 2B must be completed by the broker or designated broker.



# MEMBERSHIP CHANGE FORM

Email form to: [sgar@sgarealtors.org](mailto:sgar@sgarealtors.org)

Transfer fee: \$15

**Section A and B:** Must be completed.

**Section C:** Complete when you do not have a copy of the MREC: Information and License Change form.

**Section D:** Complete when the license is being returned to the MREC.

### Section A: Member information:

Name: \_\_\_\_\_ License #: \_\_\_\_\_

License Type: \_\_\_\_\_ REALTOR®/ Salesperson \_\_\_\_\_ Broker REALTOR® / Broker

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

### SECTION B: Broker Signature/ Attached MREC transfer form.

\_\_\_\_ MREC: Information and License Change form is attached.

\_\_\_\_ If the MREC form is not attached, broker signature is needed and complete Section C.

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION C:** Complete *only* if you *do not* have a copy of the MREC: Information and License Change form.

### Former Brokerage/ Office/ Referral Brokerage:

(If transferring license from the MREC please write "MREC" rather than a firm name)

Former Brokerage/ Office: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### New Brokerage/ Office/ Referral Brokerage:

New Brokerage/ Office Name: \_\_\_\_\_ Broker Code: \_\_\_\_\_

New Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### SECTION D: Returning license to the state:

If a member/broker is surrendering a member's license to the MREC, complete the following.

\_\_\_\_\_ Date license was sent back to the state.

Attach a copy of the MREC transfer form.

SGAR OFFICE USE:					
Date: _____		RCVD Requested by: _____			
<input type="checkbox"/> Transfer fee PAID	<input type="checkbox"/> GrowthZone	<input type="checkbox"/> Constant Contact	<input type="checkbox"/> Quickbooks	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> PrimAssoc Notified	<input type="checkbox"/> Supra	<input type="checkbox"/> FOREWARN	<input type="checkbox"/> FB group	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> ____LOGS/ ____MREC	<input type="checkbox"/> MARIS	<input type="checkbox"/> Forms R Us	<input type="checkbox"/> Change E-folder	<input type="checkbox"/> _____	<input type="checkbox"/> _____