

**INSTRUCTIONS**

If you are using this CHANGE CARD for address change only, your Broker's signature is not required.

**Transferring From One Principal Broker To Another:**

- a. Both the "old" Principal Broker from whom you are transferring and you must sign and date the left side of the CHANGE CARD. From that date forward, you are no longer eligible to conduct real estate transactions until you have affiliated with another Principal Broker.
- b. The "old" Principal Broker from whom you are transferring retains a copy of this card for his/her records
- c. The "old" Principal Broker must return your wall license.
- d. Both the "new" Principal Broker to whom you are transferring and you must sign and date the right side of the CHANGE CARD.
- e. The "new" Principal Broker retains a copy of the CHANGE CARD for his/her records.
- f. The "new" Principal Broker takes possession of and retains your wall license.
- g. Mail, **fax (801-526-4387)** or deliver a copy of the CHANGE CARD to the Division of Real Estate within **five working days**. Retain a copy for yourself.
- h. The official date of the change is the date the completed change card (plus fees and other requirements, if any) is received at the Division.

**Terminating But Not Affiliating With Another Broker (terminating/inactivating):**      **Complete a., b., and c. In addition:**

- i. Sign and date the right side of the CHANGE CARD and check the "inactive" box.
- j. Mail or deliver the original copy of the CHANGE CARD to the Division of Real Estate within five working days. Your license will then be maintained on our files as 'inactive' until you again affiliate with a Principal Broker. Retain a copy for your records.
- k. Be sure to keep your wall license in a safe place until you 'activate' or until you renew, because you will need to give it to your new Broker.

**Activating from Inactive Status:**      **Complete d., e., g., and h. In addition:**

- l. Submit \$15 fee (and required education, if any).
- m. Take your wall license to your new Principal/Branch Broker.

**Changing a company name:**

- n. Complete and submit change card with documents from the Utah Division of Corporations, and a letter of authorization for the Broker to use the new company name.

**Changing a Broker:**

- o. Complete and submit change card with a letter of authorization for the Broker to use the company name, trust account documentation, and \$15 fee.

**\*IF THE PRINCIPAL BROKER, ASSOCIATE BROKER, OR SALESAGENT IS NOT AVAILABLE TO PROPERLY EXECUTE THIS CHANGE CARD THE CHANGE MAY STILL BE MADE PROVIDED A CERTIFIED LETTER ADVISING OF THE CHANGE IS MAILED TO THE LAST KNOWN ADDRESS OF THE UNAVAILABLE LICENSEE. A COPY OF THE LETTER MUST BE ATTACHED TO THE CHANGE CARD ALONG WITH A COPY OF THE STAMPED CERTIFIED POSTAL RECEIPT WHEN IT IS SUBMITTED TO THE VISION OF REAL ESTATE.**



**State of Utah**  
 DEPARTMENT OF COMMERCE  
 DIVISION OF REAL ESTATE  
 160 East 300 South  
 Box 146711  
 Salt Lake City, Utah 84114-6711  
 Fax: (801) 526-4387

DIVISION OF REAL ESTATE  
**CHANGE CARD**

Print a copy of this form for each of the following entities:

- Division of Real Estate
- Licensee
- New Broker
- Terminating Broker

**CHANGE FROM:**

**CHANGE TO:**

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name of Licensee</td> <td style="width: 20%;"><input type="checkbox"/> Sales Agent</td> <td style="width: 30%;">Name of Licensee</td> <td style="width: 20%;"><input type="checkbox"/> Sales Agent</td> </tr> <tr> <td>License Number</td> <td><input type="checkbox"/> Assoc. Broker</td> <td>License Number</td> <td><input type="checkbox"/> Assoc. Broker</td> </tr> <tr> <td>Address</td> <td><input type="checkbox"/> Princ. Broker</td> <td>Address</td> <td><input type="checkbox"/> Princ. Broker</td> </tr> <tr> <td>City                      State                      Zip</td> <td><input type="checkbox"/> Company</td> <td>City                      State                      Zip</td> <td><input type="checkbox"/> Company</td> </tr> <tr> <td>Phone (H)                      Phone (W)</td> <td><input type="checkbox"/> Active</td> <td>Phone (H)                      Phone (W)</td> <td><input type="checkbox"/> Active</td> </tr> <tr> <td>Name of Company                      Company #</td> <td><input type="checkbox"/> Inactive</td> <td>Name of Company                      Company #</td> <td><input type="checkbox"/> Inactive</td> </tr> <tr> <td>Principal/Branch Broker                      License Number</td> <td><input type="checkbox"/> Expired</td> <td>Principal/Branch Broker                      License Number</td> <td><input type="checkbox"/> Address</td> </tr> <tr> <td>Signature of Principal/Branch Broker                      Date</td> <td></td> <td>Signature of Principal/Branch Broker                      Date</td> <td></td> </tr> <tr> <td>Signature of Licensee                      Date</td> <td></td> <td>Signature of Licensee                      Date</td> <td></td> </tr> </table>	Name of Licensee	<input type="checkbox"/> Sales Agent	Name of Licensee	<input type="checkbox"/> Sales Agent	License Number	<input type="checkbox"/> Assoc. Broker	License Number	<input type="checkbox"/> Assoc. Broker	Address	<input type="checkbox"/> Princ. Broker	Address	<input type="checkbox"/> Princ. Broker	City                      State                      Zip	<input type="checkbox"/> Company	City                      State                      Zip	<input type="checkbox"/> Company	Phone (H)                      Phone (W)	<input type="checkbox"/> Active	Phone (H)                      Phone (W)	<input type="checkbox"/> Active	Name of Company                      Company #	<input type="checkbox"/> Inactive	Name of Company                      Company #	<input type="checkbox"/> Inactive	Principal/Branch Broker                      License Number	<input type="checkbox"/> Expired	Principal/Branch Broker                      License Number	<input type="checkbox"/> Address	Signature of Principal/Branch Broker                      Date		Signature of Principal/Branch Broker                      Date		Signature of Licensee                      Date		Signature of Licensee                      Date		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name of Licensee</td> <td style="width: 20%;"><input type="checkbox"/> Sales Agent</td> <td style="width: 30%;">Name of Licensee</td> <td style="width: 20%;"><input type="checkbox"/> Sales Agent</td> </tr> <tr> <td>License Number</td> <td><input type="checkbox"/> Assoc. Broker</td> <td>License Number</td> <td><input type="checkbox"/> Assoc. Broker</td> </tr> <tr> <td>Address</td> <td><input type="checkbox"/> Princ. Broker</td> <td>Address</td> <td><input type="checkbox"/> Princ. Broker</td> </tr> <tr> <td>City                      State                      Zip</td> <td><input type="checkbox"/> Company</td> <td>City                      State                      Zip</td> <td><input type="checkbox"/> Company</td> </tr> <tr> <td>Phone (H)                      Phone (W)</td> <td><input type="checkbox"/> Active</td> <td>Phone (H)                      Phone (W)</td> <td><input type="checkbox"/> Active</td> </tr> <tr> <td>Name of Company                      Company #</td> <td><input type="checkbox"/> Inactive</td> <td>Name of Company                      Company #</td> <td><input type="checkbox"/> Inactive</td> </tr> <tr> <td>Principal/Branch Broker                      License Number</td> <td><input type="checkbox"/> Expired</td> <td>Principal/Branch Broker                      License Number</td> <td><input type="checkbox"/> Address</td> </tr> <tr> <td>Signature of Principal/Branch Broker                      Date</td> <td></td> <td>Signature of Principal/Branch Broker                      Date</td> <td></td> </tr> <tr> <td>Signature of Licensee                      Date</td> <td></td> <td>Signature of Licensee                      Date</td> <td></td> </tr> </table>	Name of Licensee	<input type="checkbox"/> Sales Agent	Name of Licensee	<input type="checkbox"/> Sales Agent	License Number	<input type="checkbox"/> Assoc. Broker	License Number	<input type="checkbox"/> Assoc. Broker	Address	<input type="checkbox"/> Princ. Broker	Address	<input type="checkbox"/> Princ. Broker	City                      State                      Zip	<input type="checkbox"/> Company	City                      State                      Zip	<input type="checkbox"/> Company	Phone (H)                      Phone (W)	<input type="checkbox"/> Active	Phone (H)                      Phone (W)	<input type="checkbox"/> Active	Name of Company                      Company #	<input type="checkbox"/> Inactive	Name of Company                      Company #	<input type="checkbox"/> Inactive	Principal/Branch Broker                      License Number	<input type="checkbox"/> Expired	Principal/Branch Broker                      License Number	<input type="checkbox"/> Address	Signature of Principal/Branch Broker                      Date		Signature of Principal/Branch Broker                      Date		Signature of Licensee                      Date		Signature of Licensee                      Date	
Name of Licensee	<input type="checkbox"/> Sales Agent	Name of Licensee	<input type="checkbox"/> Sales Agent																																																																						
License Number	<input type="checkbox"/> Assoc. Broker	License Number	<input type="checkbox"/> Assoc. Broker																																																																						
Address	<input type="checkbox"/> Princ. Broker	Address	<input type="checkbox"/> Princ. Broker																																																																						
City                      State                      Zip	<input type="checkbox"/> Company	City                      State                      Zip	<input type="checkbox"/> Company																																																																						
Phone (H)                      Phone (W)	<input type="checkbox"/> Active	Phone (H)                      Phone (W)	<input type="checkbox"/> Active																																																																						
Name of Company                      Company #	<input type="checkbox"/> Inactive	Name of Company                      Company #	<input type="checkbox"/> Inactive																																																																						
Principal/Branch Broker                      License Number	<input type="checkbox"/> Expired	Principal/Branch Broker                      License Number	<input type="checkbox"/> Address																																																																						
Signature of Principal/Branch Broker                      Date		Signature of Principal/Branch Broker                      Date																																																																							
Signature of Licensee                      Date		Signature of Licensee                      Date																																																																							
Name of Licensee	<input type="checkbox"/> Sales Agent	Name of Licensee	<input type="checkbox"/> Sales Agent																																																																						
License Number	<input type="checkbox"/> Assoc. Broker	License Number	<input type="checkbox"/> Assoc. Broker																																																																						
Address	<input type="checkbox"/> Princ. Broker	Address	<input type="checkbox"/> Princ. Broker																																																																						
City                      State                      Zip	<input type="checkbox"/> Company	City                      State                      Zip	<input type="checkbox"/> Company																																																																						
Phone (H)                      Phone (W)	<input type="checkbox"/> Active	Phone (H)                      Phone (W)	<input type="checkbox"/> Active																																																																						
Name of Company                      Company #	<input type="checkbox"/> Inactive	Name of Company                      Company #	<input type="checkbox"/> Inactive																																																																						
Principal/Branch Broker                      License Number	<input type="checkbox"/> Expired	Principal/Branch Broker                      License Number	<input type="checkbox"/> Address																																																																						
Signature of Principal/Branch Broker                      Date		Signature of Principal/Branch Broker                      Date																																																																							
Signature of Licensee                      Date		Signature of Licensee                      Date																																																																							