



Georgia Real Estate Commission Georgia Real Estate Appraisers Board

229 Peachtree Street NE
Suite 1000 - International Tower
Atlanta, GA 30303-1605
Phone: 404-656-3916
Fax: 404-656-6650
Email: grecmal@grec.state.ga.us

Real Estate Change Application

This form can be filled out on-line. Print TWO copies: one to sign and submit for processing and one for your records. If a fee and/or additional documentation is required, attach to the application and mail to the address above. Once the completed application, including all supporting documents, is received the application will be processed. Incomplete applications will be returned unprocessed and result in a \$25.00 charge.

- Salespersons / CAMS Complete sections **A, B, C, E, and Sign in Section F** of this application.
Brokers Complete sections **A, B, D, E, and Sign in Section F** of this application.

Section A Individual Information

Full Name: License Number:
Phone Number:

Section B Change Information

Address / Phone numbers can also be changed instantly by logging in at www.grec.state.ga.us.

E-mail

Residence Address
City State Zip Code
County Phone Number

Mailing Address
City State Zip Code
County Phone Number Fax Number

- Change my Name**

Print New Name:

Be sure to sign Section F of this application with this name.

- Send a replacement wall certificate and pocket card**

- Licensee is deceased**

Attach a copy of the obituary or death certificate.

FOR OFFICE USE ONLY

Rec Dt	Rec By	Fee	Proc By & Proc Dt	Codes	Educ	INV	Lic#
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Section C Only For Salespersons / CAMS - License Status Request

NOTE: If your license is inactive and continuing education credits are current, this application will activate your license. Your wall license and pocket card will be mailed to your broker.

- Inactivate my license** The Broker must release you from the firm. Proceed to section E and complete part A
- Activate my license** The Broker must affiliate you with a firm. Proceed to section E and complete part B.
- Transfer my license** The Broker must release you from the current firm and then your new Broker must affiliate you with a new firm. Proceed to section E and complete parts A and B.

Section D Only for Brokers and Associate Brokers - License Status Request

INDICATE THE LICENSE STATUS YOU NEED THEN FOLLOW THE INSTRUCTIONS DEPENDING ON THE ANSWER YOU CHOSE:

ACTIVE INACTIVE

- Indicate the status requested.
If Active, proceed to # 2
If Inactive, proceed to # 6
- Are you going to become an Associate Broker at a firm?
If Yes, proceed to Section E and have Broker complete part B
If No, proceed to # 3
- Are you transferring, as an Associate Broker from one firm to another firm?
If Yes, proceed to Section E and have Broker complete parts A & B
If No, proceed to # 4
- Are you remaining active at a firm(s) while surrendering a role as Associate Broker, or Broker, at another firm?
If Yes, proceed to Section E and have Broker complete part A
NOTE: If a firm license needs to be placed inactive or closed, submit a Close a Firm Application
If No, Proceed to # 5
- Are you activating, as the Broker, back to the same firm as when your license became inactive?
If Yes, proceed to Section E and complete part B
NOTE: If a firm license is inactive, submit Open a Firm Application (without fee or attachments) to activate the firm
If No, Submit a 'Change of Qualifying Broker' or 'Open a Firm' Application INSTEAD of this form.
- Are you leaving a firm where you are an Associate Broker?
If Yes, proceed to Section E and have Broker complete part A
If No, Proceed to # 7
- Are you leaving a firm where you are a Broker?
If Yes, proceed to Section E and complete part A

NOTE: If a firm license needs to be placed inactive or closed, submit a Close a Firm Application



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Section E Firm Affiliate / Release Information

Licensee
Name:

License
Number:

A. I hereby **release** the above individual from this firm.

Firm Name:

Firm License #

Print Broker
Name:

Firm Phone #

Broker Signature:

Date:

B. I hereby **affiliate** the above individual with this firm.

I hereby affiliate the above individual to this firm and certify that the individual has entered into the written agreement required by Substantive Regulation 520-1-.07(5).

Firm Name:

Firm License #

Print Broker
Name:

Firm Phone #

Broker Signature:

Date:

Section F Certification

I hereby authorize a representative of the Georgia Real Estate Commission to periodically obtain and receive any criminal history record information and/or full lifetime driver history record information pertaining to me which may be in the files of any federal, state, or local criminal justice agency.

I hereby agree not to engage in, conduct, advertise, or hold myself out as engaging in or conducting real estate brokerage activity in Georgia until I receive my wall certificate.

If leaving a firm, I have fully complied with Substantive Regulation 520-1-.07(5).

I hereby certify the information provided in this application is true to the best of my knowledge and belief.

Licensee
Signature:

Date: