

Real Estate License Transfer, Name Change or Reactivation Application

You can use this form to change your name, transfer or reactivate your license. If you are applying for your first broker or managing broker license or reinstating your license, use form RE-620-004, Real Estate License Application. Send this completed form and any required documents to:

Real Estate Licensing
Department of Licensing
PO Box 9021
Olympia, WA 98507
(360) 664-6500 or (360) 664-6488

To	transfei	r vour	licens	se:
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To change your name:

Complete this form and return your current license showing the office you are leaving.

Complete with this form and enclose a brief letter stating what your name is being changed to and from.
Check all that apply: ☐ Transfer
☐ Name change
Reactivation

Applicant information - Incomplete applications will not be processed.

TYPE or PRINT Name (as it appears on your license, if applicable)				Date of birth	
Home address				(Area code) Telephone number	
City	State	ZIP code	Email		
Answer the following	took a latter of avalence	ion Indude th	a charge data	of conviction, sixil judgment	
If you answer "Yes" to questions 1-5, attorner, county jurisdiction, state, and		ion. include in	ie charge, date	of conviction, civil judgment	
With the exception of motor vehicle vehicle vehicles or felony, in this or any other state, by within the past ten years?	y the federal governme	nt or by any of	ther jurisdiction		
Is there a criminal complaint, accusa currently under indictment, in this or other jurisdiction?	ation, or information pre- any other state, by the	sently pending federal goverr	g against you o nment or by any	r are you /	
Has any professional or occupational suspended, revoked, refused, or der or by any other jurisdiction in the pas	al license, certification, c nied, in this or any other	or permit held state, by the	by you been fir federal governr	ned, ment	
4. Have you ever had a civil court order competent jurisdiction, in this or any	r, verdict, or judgment e other state, by the fede	ntered agains ral governmei	t you in any co nt or by any oth	urt of er	
jurisdiction in the past ten years? 5. Are you currently required to register If yes, in which state	r as a sex offender in th	is state or any	other state? .	\square Yes \square No	
I certify under penalty of perjury under th	he laws of the state of V	Vashington tha	at the foregoing	is true and correct.	
Date and place signed	X Applicant	signature			

NOTICE: The Department of Licensing may enter your real estate firm's licensed office location at reasonable times to inspect the records that you are required to keep by the statutes and rules that govern the license for which you are applying. It is your responsibility as a licensee to cooperate with an audit or an investigation by providing DOL with the requested documents and a written explanation of the matter contained in a complaint upon the Department's request.

TYPE or PRINT Firm name (where applicant will be licensed)		Firm licens	Firm license number	
Mailing address		(Area code	e) Telephone number	
City		State	ZIP code	
Physical address (if different)		I		
City		State	ZIP code	
TYPE or PRINT Designated broker name as it appears on your lice	ense	License nu	ımber	
TYPE or PRINT Branch manager name as it appears on your license		License nu	License number	
certify under penalty of perjury under the laws	of the state of Washington	that the foregoing is true	and correct.	
	X			
Pate and place signed	Designated business/ Doors	h manager signature*		

Once filed, this application is a public record and is subject to public disclosure.

For office use only				
Prof	License number	Effective date	Expiration date	Firm number

RCW 18.85.191; 18.85.361(6); 26.23.150; 42.56.

Submit a copy of the delegation authority if not signed by the designated broker or branch manager.