



Department of Commerce

Division of Real Estate & Professional Licensing
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John R. Kasich, Governor

Jacqueline T. Williams, Director

Anne M. Petit, Superintendent

REAL ESTATE

CHANGE APPLICATION - INDIVIDUAL

This form is interactive. You may, before printing, type your responses directly onto the form. Otherwise, this form must be typewritten or printed legibly in black ink.

FOR DIVISION USE ONLY

Incomplete applications and applications that are filled out incorrectly will be returned for correction.

A check or money order for any fees, made payable to Division of Real Estate & Professional Licensing must be remitted with this form. Cash will not be accepted.

REASON FOR COMPLETING THIS FORM (check all that apply)

- CHANGE HOME ADDRESS: (complete sections 1, 2, 3 and 5; no fee. You may also do this online at www.com.ohio.gov/real. Click on eLicense Center. Contact the Division directly to obtain a username and password if you do not have that information.)
REPLACE LOST OR DAMAGED LICENSE: CHOOSE ONE: REISSUE LICENSE; PLACE LICENSE IN INACTIVE STATUS (complete sections 1, 2 and 3; complete section 5 if applicable; \$25 fee.)
INDIVIDUAL NAME CHANGE: (complete sections 1, 2, 3 and 4; submit a copy of the legal document showing the name change; \$25 fee.) - Return Original License
CREDENTIAL NUMBER REVERSION: I am an Ohio broker with a previous Ohio salesperson's license issued prior to the year 2000 and wish to revert my current credential number back to my previous credential number. (complete sections 1 and 2; no fee) - Return Original License OR Company License and Addendum
CHANGE LICENSE LEVEL DESIGNATION: (complete sections 1, 3 and 6; principal broker must certify) - Return Original License OR Company License and Addendum \$25.00

Form with fields for: 1. APPLICANT'S FILE NUMBER, 2. EMAIL ADDRESS, 3. CURRENT NAME (FIRST, MIDDLE, LAST, SUFFIX), 4. NEW NAME (FIRST, MIDDLE, LAST, SUFFIX), 5. NEW HOME ADDRESS (STREET, CITY, STATE, ZIP, PHONE)

THE APPLICANT MUST COMPLETE THE FOLLOWING CERTIFICATION

I certify that all of the statements on this application and all of the attached materials are complete and accurate. I understand that any false statement on this form or any of the attached materials may subject me to criminal prosecution and the loss of my Ohio real estate license.

SIGNATURE OF APPLICANT

DATE

6. LICENSE LEVEL DESIGNATION (to be completed by the principal broker, SELECT ONE)

- PRINCIPAL BROKER, MANAGEMENT LEVEL BROKER, ASSOCIATE BROKER, MANAGEMENT LEVEL SALESPERSON, SALESPERSON

PRINCIPAL BROKER MUST COMPLETE THE FOLLOWING CERTIFICATION

I certify that all of the statements on this application and all of the attached materials are complete and accurate. I understand that any false statement on this form or any of the attached materials may subject me to criminal prosecution and the loss of my Ohio real estate license.

PRINCIPAL BROKER SIGNATURE

DATE

NOTICE: Refusal of check payment by the drawer's bank may result in a one-hundred-dollar fee payable to the superintendent or rejection or withdrawal of approval of this application.