

**BOARD OF REALTY REGULATION
301 S PARK AVE
PO BOX 200513
HELENA MT 59620-0513
PHONE (406) 444-6880**

CHANGE FORM

CHECK APPROPRIATE BOXES

COMPLETE ALL REQUIRED LINES OF INFORMATION (As designated in parentheses)

REMIT APPROPRIATE FEE FOR EACH BOX CHECKED

CHANGE OF STATUS TO ACTIVE - BROKER (1, 3, 4, 6, 7 & 8) (Need to show proof of required Continuing Education - see ARM 24.210.625)	\$87.50
CHANGE OF STATUS TO ACTIVE - SALESPERSON (1, 3, 4, 6, 7 & 8) (Need to show proof of required Continuing Education - see ARM 24.210.625)	\$75.00
TRANSFER TO A NEW SUPERVISING BROKER if done via mail submission (1 thru 8)	\$40.00
CHANGE OF STATUS TO INACTIVE (1, 5, 7 & 8)	\$20.00
CHANGE OF ADDRESS (1, 2, 3, 4 & 7)	No Fee
CHANGE OF BUSINESS NAME (1, 2, 3 & 7)	No Fee
CHANGE OF LICENSEE NAME (1, 3 & 7) (Documentation required)	No Fee
RELEASING SUPERVISION OF LICENSEE (1, 2 & 5)	No Fee

TOTAL AMOUNT REMITTED \$ _____

Licensee's Name 1.	License Number & Type	Home Phone Number
Current Broker or Business Name 2.	License Number	Business Phone Number
New Broker or Business Name 3.	Business Phone Number	Business Fax Number
New Broker or Business Address 4.		
City		ST
		Zip
Current Broker or Releasing Brokers Signature 5.	LICENSE NUMBER	Date
New Broker Signature / E-mail address 6.	LICENSE NUMBER	Date
Licensee's Signature / E-mail address 7.	LICENSE NUMBER	Date
New or Current Home Address 8.		
City		ST
		Zip