BOARD OF REALTY REGULATION
301 S PARK AVE
PO BOX 200513
HELENA MT 59620-0513
PHONE (406) 444-5711

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 24 hours of Continuing Education done within the last 24 months)	**$87.50**
☐ **CHANGE OF STATUS TO ACTIVE - SALESPERSON** (1, 3, 4, 6, 7 & 8) (Need to show proof of 24 hours of Continuing Education done within the last 24 months)	**$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**