

**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**

- |                          |   |                |
|--------------------------|---|----------------|
| <input type="checkbox"/> | <b>CHANGE OF STATUS TO ACTIVE - BROKER</b> (1, 3, 4, 6, 7 & 8)<br>(Need to show proof of required Continuing Education - see ARM 24.210.625)        | <b>\$45.00</b> |
| <input type="checkbox"/> | <b>CHANGE OF STATUS TO ACTIVE - SALESPERSON</b> (1, 3, 4, 6, 7 & 8)<br>(Need to show proof of required Continuing Education - see ARM 24.210.625)   | <b>\$40.00</b> |
| <input type="checkbox"/> | <b>CHANGE OF STATUS TO ACTIVE – PROPERTY MANAGER</b> (1, 3, 4, 7 & 8)<br>(Need to show proof of required Continuing Education - see ARM 24.210.826) | <b>\$25.00</b> |
| <input type="checkbox"/> | <b>TRANSFER TO A NEW SUPERVISING BROKER</b> if done via mail submission (1 thru 8)  | <b>\$40.00</b> |
| <input type="checkbox"/> | <b>CHANGE OF STATUS TO INACTIVE - All License Types</b> (1, 5, 7 & 8)   | <b>No Fee</b>  |
| <input type="checkbox"/> | <b>CHANGE OF LICENSEE NAME</b> (1, 3 & 7)<br>(Documentation required)   | <b>No Fee</b>  |
| <input type="checkbox"/> | <b>RELEASING SUPERVISION OF LICENSEE</b> (1, 2 & 5)   | <b>No Fee</b>  |

Changes of address, business name or other contact information can be done by logging into your eBiz account <https://ebiz.mt.gov/pol/Default.aspx> under 'Account Management'.

**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