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Anne M. Petit, Superintendent

John R. Kasich, Governor

Jacqueline T. Williams, Director

DEAL ECTATE

CHANCE APPLICATION - INDIVIDIAL

REAL ESTATE CHANGE ATTEICATION - INDIVID						DIVIDUAL
This form is interactive. You may, before printing, type your this form must be typewritten or printed legibly in black ink.				orm. Otherwise,	FOR DIVIS	ION USE ONLY
_		ns and applications that are fille				
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 sections1, 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					
1. APPLICANT'S FILE NUMBER (* VERY IMPORTANT. The application cannot be processed without this information.) NUMBER						
2. EMAIL ADDRESS		EMAIL ADDRESS				
3. CURRENT NAME		FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX
4. NEW NAME		FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX
5. NEW HOME ADDRESS		STREET ADDRESS			PHONE	
		CITY		STATE ZIP CODE		
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 DAT						
6. LICENSE LEVEL DESIGNATION (to be completed by the principal broker, <u>SELECT ONE</u>)						
□ 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.						