



Firm/Office Address Change Request

Commission Rules [58A.0502\(c\)\(4\)](#) and [58A.0110\(h\)\(2\)](#) require the Qualifying Broker and/or Broker-in-Charge, respectively, to notify the Commission of any change of business address of the firm.

1. Your Name: _____ 2. Your License #: _____

3. Your Role within the Firm: (Select ONE) Broker-in-Charge (BIC) Qualifying Broker (QB) BIC and QB

4. Firm Name: _____

5. Firm License Number (not required if Sole Proprietorship): _____

6. Your Public Phone Number: _____ 7. Your Private Phone Number: _____

8. Your Public Email: _____ 9. Your Private Email: _____

10. Fax Number: _____

11. What type of office location is this? Principle Branch

12. Current Firm or Office Address on Record

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

13. NEW Firm or Office Address

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

14. Signature and Certification

By signing below, I certify that I am the designated Qualifying Broker and/or Broker-in-Charge of the Firm or Office as indicated above.

_____ Printed Name

_____ Title

_____ Signature

_____ Date