

SALESPERSON CHANGE APPLICATION

RE 214 (Rev. 10/03)

- ✓ This form is to be used by salesperson's only. Broker-salesperson's must use RE 204.
- ✓ **Read instructions on reverse side before completing.**
- ✓ **Note:** License changes with an asterisk may be completed on-line. (Refer to information on page 2.)

- TYPE OF CHANGE** [Check appropriate box(es)]
- | | |
|---|---|
| <input type="checkbox"/> SPONSORING BROKER/CORP.* | <input type="checkbox"/> MAILING ADDRESS* |
| <input type="checkbox"/> EMPLOYMENT DISCONTINUED | <input type="checkbox"/> ACTIVATION* |
| <input type="checkbox"/> PERSONAL NAME | |
| <input type="checkbox"/> ISSUE DUPLICATE LICENSE* — \$10 (See "Duplicate License" on reverse.) | |

SALESPERSON INFORMATION		Received Date
<p>1. LICENSE IDENTIFICATION NUMBER <i>DRE USE ONLY</i></p>	<p>2. DO YOU WANT YOUR NAME AND ADDRESS TO BE ON MAILING LISTS?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>3. SALESPERSON'S NAME — AS IT APPEARS ON LICENSE. — LAST, FIRST, MIDDLE</p>		
<p>4. SALESPERSON'S NEW NAME (IF CHANGING) — LAST, FIRST, MIDDLE (See instructions on reverse side; sign line #11 with new name.)</p>		
<p>5. SALESPERSON'S MAILING ADDRESS — STREET ADDRESS/P.O. BOX, CITY, STATE, ZIP CODE</p>		

6. DO YOU RESIDE IN CALIFORNIA?

YES NO IF NO, AN "RE 234" MUST BE ON FILE WITH THIS DEPARTMENT. SEE REVERSE SIDE.

7. SOCIAL SECURITY NO. (REQUIRED)	8. SALES. LICENSE EXPIRATION DATE <small>MONTH DAY YEAR</small>	9. BUSINESS TELEPHONE NUMBER	10. RESIDENCE TELEPHONE NUMBER
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SALESPERSON CERTIFICATION

I HEREBY CERTIFY THAT A) THE INFORMATION ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, B) I HAVE COMPLIED WITH §10161.8(C) AND (D) OF THE BUSINESS AND PROFESSIONS CODE, AND C) I HAVE GIVEN NOTICE OF TERMINATION OF EMPLOYMENT TO THE BROKER IDENTIFIED ON LINE #22.

11. SIGNATURE OF SALESPERSON — MUST BE ORIGINAL SIGNATURE, NOT PHOTOCOPY, ETC.	DATE
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NEW SPONSORING BROKER/CORPORATION INFORMATION

12. BROKER/CORPORATION ID NO. <i>DRE USE ONLY</i>	13. SALESPERSON EMPLOYMENT DATE <i>DRE USE ONLY</i>
14. BROKER/CORPORATION NAME — AS IT APPEARS ON LICENSE; NO DBA'S	
15. MAIN OFFICE ADDRESS OF BROKER/CORP. — STREET ADDRESS, CITY, STATE, ZIP CODE	

EMPLOYING BROKER CERTIFICATION

I HEREBY CERTIFY THAT A) THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND B) THERE IS A WRITTEN AGREEMENT WITH THIS SALESPERSON ON FILE IN MY OFFICE AS REQUIRED BY §2726 OF THE COMMISSIONER'S REGULATIONS.

16. SIGNATURE OF NEW BROKER/LICENSED OFFICER — MUST BE ORIGINAL SIGNATURE, NOT PHOTOCOPY, ETC.	DATE	
17. PRINTED NAME OF #16 SIGNER	18. BROKER/CORP. EXPIRATION DATE	19. BUSINESS TELEPHONE NUMBER

FORMER BROKER/CORPORATION INFORMATION

20. BROKER/CORPORATION ID NO.	21. DATE SALESPERSON TERMINATED <i>DRE USE ONLY</i>
22. BROKER/CORPORATION NAME — AS IT APPEARS ON LICENSE; NO DBA'S	

23. SIGNATURE OF FORMER BROKER/LICENSED OFFICER	DATE
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FOR DRE USE ONLY

PROC. #	DATE PROCESSED	SENDER'S #	DATE SENT	FORM LETTER/COMMENTS	DOCUMENT DATE USED & TYPE (circle one) <p style="text-align: right;">RD AD KD</p>
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General Information

- ✓ Type or print clearly in ink (black or blue; do not use red).
- ✓ If you have any questions, please call (916) 227-0931 or write. (Refer to the Fee & Mailing Information for the mailing address.)
- ✓ Receipt of this form will not be acknowledged.
- ✓ If you electronically re-create this form to facilitate completion on a computer, please be advised that the form should not be altered in any manner. To do so, could result in disciplinary action. Also, please make certain you do not delete any pre-printed information and are using the latest version of the form.
- ✓ **eLicensing** — Licensees can perform the following transactions using the *eLicensing* system at *www.dre.ca.gov*:
 - Broker and salesperson renewals;
 - Broker, salesperson, officer and branch duplicate license requests;
 - Salesperson requests to change employing broker;
 - Mailing address and broker main office changes; and
 - Automated fee payment and processing.

Type of Change

Check the appropriate box(es) on page 1 and complete the item numbers listed below.

Mailing address	#1–11
Personal name	#1–11
Issue duplicate license	#1–11
Activation	#1–19
Sponsoring broker	#1–19 (<i>required</i>) & 20–23 (<i>optional</i>)
Employment discontinued by broker ..	#1, 3, and 20–23
Employment discontinued by sales.	#1, 3, 5–11, & 20–22

Change of Personal Name – Enter full new name. Attach verification of name change (i.e., legible copy of drivers license, marriage certificate, court order, etc.). Sign this form with your new name. A new license will be issued bearing the new name.

Mailing Address – The mailing address (*post office box, residence or business address*) is used to mail the *Real Estate Bulletin* and other correspondence to you. If your mailing address is that of your broker, please note “c/o” (*in care of*) your sponsoring broker or corporation.

Business and mailing addresses are public information and are available to the public. Please consider this, especially when identifying a mailing address.

Non-California Residents – If residing outside the State of California, a Consent To Service Of Process (RE 234) is also required, if not already on file.

Duplicate License

A \$10 fee is required for the following transactions:

- To replace an existing or lost license certificate;
- To obtain an updated license certificate following a change of mailing address or change of employing broker.

A license certificate is automatically generated for the following transactions without a duplicate license fee:

- Requests for personal name change;
- Issuance of an unconditional salesperson license following submission of educational requirements of Section 10153.4 of the Business & Professions Code.

Fee & Mailing Information

This application and fee (if duplicate license requested) may be submitted in person at any district office or mailed to the Sacramento office.

Acceptable payment methods — Cashiers’ check, money order, check or credit card.

- Make check/money order payable to: **Dept. of Real Estate**
- Credit card payments must be submitted with a Credit Card Payment (RE 909) form.

Mail To: Department of Real Estate
P.O. Box 187003
Sacramento, CA 95818-7003

Note To Sponsoring Broker/Corporation

Sponsoring Broker/Corporation ID# and Name – If you are licensed both as an individual broker and as an officer of a corporation, enter the appropriate ID# and name.

- If the salesperson will be working for you under your individual license, enter the name and ID# from that license.
- If the salesperson will be working for you under your corporation officer’s license, enter the corporation name and ID# from that license.
- Do not list DBA’s on this application.

PRIVACY NOTICE: Section 1798.17 of the Civil Code requires this notice be provided when collecting personal or confidential information from individuals. *Each individual has the right to review personal information maintained by this agency, unless access is exempted by law.*

Department of Real Estate 2201 Broadway Sacramento, CA 95818	Managing Deputy Commissioner IV Licensing and Examinations Telephone: (916) 227-0931
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General powers of the Commissioner, Section 10050, 10071 and 10075 of the Business and Professions Code authorizes the maintenance of this information.

Business and Professions Code Section 30, added by Statutes 1986, Chapter 1361, Section 1, requires each Real Estate licensee to provide to the Department of Real Estate his or her Social Security number which will be furnished to the Franchise Tax Board. Failure to provide this information is subject to the penalty provided in Revenue & Tax Code, Section 19276. Your Social Security number shall not be deemed a public record and shall not be open to the public for inspection. The Franchise Tax Board will use your number to establish identification exclusively for tax enforcement purposes.

The Real Estate Law and the Regulations of the Commissioner require applicants to provide the Department with specific information. If all or any part of the required information is not provided processing may be delayed. In addition, the Commissioner may suspend or revoke a license, or in the case of a license applicant, may deny the issuance for misstatements of facts (including a failure to disclose a material fact) in an application for a license.

The information requested in this form is primarily used to furnish license status information to the Department’s regulatory section, and to answer inquiries and give information to the public on license status, business address and actions taken to deny, revoke, restrict or suspend licenses for cause.

This information may be transferred to real estate licensing agencies in other states, law enforcement agencies (City Police, Sheriff’s Departments, District Attorneys, Attorney General, F.B.I.) and any other regulatory agencies (i.e., Department of Corporations, Department of Insurance, Department of Consumer Affairs, California Bar Association).