## **CHANGE FORM - REAL ESTATE**

Access this form via website at: www.hawaii.gov/hirec

Form is <u>2</u> pages. Signature(s) REQUIRED on page 2!

Submit **ORIGINALS** only - FAX and PHOTOCOPIES will not be accepted.

Use fillable feature or print in BLUE or BLACK INK ONLY). READ instructions carefully.

Mail to: **REAL ESTATE COMMISSION** DCCA, PVL Licensing Branch

> P.O. Box 3469 Honolulu, HI 96801

SECTION A.					
Legal Name of Individual or Business Entity:		Deliver to:		or 335 Merchant St., Room 301 Honolulu, HI 96813	
License Name (Individual's First, Middle, LAST, or Entity)		License Number		Other Registrations	
		RB-		CMA-	
Residence Location Address, if individual or sole proprietor: (NO P.O. BOX)					
		RS-		СНО-	
Business Address only if entity: (NO P.O. BOX)		Phone Number (day	rs)		
Mailing Address:		Email Address			
INDICATE CHANGE BEING REPORTED BELOW: NO changes will be recorded u appropriate box(es) is/are checked required signatures are on page 2 checks are made payable to "Commerce and Consumer Affairs" (Note: a \$25 service charge will be assessed for payments that are d change will not be processed. If no fee is indicated, there is no fee for	lishonored for any I	reason, and the requ	ıested		
The effective date of a change will be as indicated on the form. You must submi comply may result in disciplinary action.	it changes within 10	days of the change	as required	l by Rule 16-99-5. Failure to	
Change RESIDENCE LOCATION ADDRESS to address above. Sign and date page 2 in Section B.		, includes sole prop	rietor). Subr		
Change MAILING ADDRESS. Complete "Mailing Address" above. Sign and date page 2 in Section B.	"Application for Registration of Trade Name" that has been <b>filed-stamped</b> by the Business Registration Division, Commerce and Consumer Affairs. Sign and date page 2 in Section B. <b>Fee: \$10</b>				
Change BUSINESS ADDRESS of principal place of business or branch office. Sign and date page 2 in Section B to certify that the new business address is in compliance with Chapter 467, HRS, and	From: To:				
Chapter 99, HAR.	Delete:				
New business address:	Delete.				
Trew business dudiess.	Changolo	an NAME OF ENTIR	LA O' INDIA	IDUAL. Attach a copy of	
		-		ntity: File-stamped copy of	
				Business Registration	
				nd an entity resolution.	
Phone Number:	<u>Individual</u> :			cree, etc.). Sign and date	
	Change to	o:			
<b>DUPLICATE LICENSE</b> - Pocket Licenses and Wall Certificates can be obtained on-line at no cost using the MyPVL site at <a href="https://pvl.ehawaii.gov/mypvl">https://pvl.ehawaii.gov/mypvl</a> .		. Sign and date page	e 2 in Sectio	one) LICENSE NAME of n B. The license name of include the individual's full	
NOTE: Wall Certificates are available for printing by " <b>ACTIVE</b> " licensees only.		me. <b>Fee: \$10</b>	J C. J G. I. J . I . I . I		
SURRENDER of License (individual, entity, or branch office): Complete Sec petitions filed against the licensee or disciplinary hearings may surrender the lactivity in the future must meet all requirements as a new applicant. Sign and da Place license INACTIVE. Complete Section A above. Releasing principal broker of is going inactive is required in Section B. If unable to obtain signature of licensee licensee written notification. NOTE: If the licensee is unable to obtain releasing Broker on the Change Form or Experience Statement by Broker" on the Section C. (BIC NOT AUTHORIZED TO SIGN THEMSELVES OR OTHER BIC'S ON OR OR OR OTHER BIC'S ON OR OR OTHER BIC'S ON OR OR OTHER BIC'S ON OTHER BIC'S ON OR OTHER BIC'S ON OTHER BI	ction A above. A lic license. Once licen ate page 2 in Section or broker in charge m who is going inactive broker's signature, pl Real Estate Branch v	ensee who has no p se is surrendered, th B. nust complete Section re, Rule 16-99-5.1(c) re ease review the mem	e person wh n C on page 2 equires the re orandum "Pr	o desires to engage in real estate and the signature of licensee who eleasing broker to provide the ocedures for Difficulties with	
Licensee Deceased Provide a copy of death certificate or obituary Signatu		hmitting the inform	ation is not	required	

REACTIVATE L	irense.				
<u>Salesperson/Br</u> broke presc certif	oker-Salesperson: Licensee reactivating is to complete Section A or er in charge must complete Section D below. A licensee who has be cribed continuing education (CE) hours of the immediate prior rene fied CE core or elective courses completed during the immediate pr	een inactive for one or more renewal periods, sha wal period. The commission shall credit the lice rior renewal period. Attach original CE certificate	ıll first satisfy the nsee with CE hours for any ıs. You may obtain		
	nal certificates at <a href="https://pvl.ehawaii.gov/mypvl">https://pvl.ehawaii.gov/mypvl</a> . If you are a new saired. Fee: \$25.	alesperson or broker licensed within the current l	oiennium, CEs are not		
	ame of entity on page 1 in Section A. Principal broker's signature is	required in Section B below. Attach a current "Co	ertificate of		
Good	Standing" obtained from the Business Registration Division of the	Department of Commerce and Consumer Affairs	s, entity resolution (sample		
	available at www.hawaii.gov/hirec), and separate change form for the new principal broker and broker in charge(s) (if applicable), and all				
	ciating salespersons and broker-salespersons. If using a trade name e Business Registration Division. Fee: \$75.	, attach a <b>file-stamped</b> copy of current trade nai	me registration approved		
,	nput name of entity on page 1 in Section A. Principal broker's signa	ature is required in Section B below. Each branch	office shall		
have	at least one (1) broker in charge. If the principal broker has not alre				
	gister a broker in charge for the brokerage firm. <b>Fee: \$75</b> .				
<u>Sole Proprieto</u>	<u>rr</u> : Complete "Application for License: Real Estate Sole Proprietor" a	nd follow the instructions on that form.			
currently affiliate	<b>ER:</b> Mark this box if you are immediately changing to a different bried with a broker, your former broker must complete Section C belo , PB must sign Section C. (BIC NOT AUTHORIZED TO SIGN THEMSEL	w. Your new principal broker or broker in charge	,		
complete Section	<b>LE PROPRIETOR:</b> You must complete Section A on page 1 and n C below. (If you are on inactive status, see REACTIVATE License and the status) is the status of the status o	above.) If you will be using a trade name, attach	a file-stamped copy of current trade nam		
	roved by the Business Registration Division of the Department follow the instructions on that form. <b>Fee: \$65</b> .	of Commerce and Consumer Affairs. Complete	e "Application for License: Real Estate Sol		
	IPAL BROKER ("PB"): Check this box if the entity is changing its p	principal broker. This transaction requires 3 change	ge forms:		
1 from entity, 1	from new principal broker, and 1 from former principal broker. O				
FORMS TOGETHI	ER. <u>nership/LLC/LLP</u> : Input name of the entity in Section A on page 1.	The former PR must complete Section C below TI	no now PR must		
comp	nersing Lecter : input fiame of the entity in section A on page 1.1 olete Section D below. Attach an entity resolution. Sample of an en RATE CHANGE FORM				
•	Broker: Input name of the new PB in Section A on page 1 and have I				
	erage firm, have your former PB complete Section C below. (NOTE:	· · · · · · · · · · · · · · · · · · ·	nin the brokerage firm		
	does not have to be signed by the former PB.) AND ON A SEPARA al Broker: Input name of the former PB in Section A on page 1. If the		hange Broker" box		
	complete Section C below. Have the new PB or broker in charge co				
	se inactive. If this change form is not received, licensee will automa	tically be changed to broker-salesperson status v	vith the same company.		
	l <b>or Release BROKER-IN-CHARGE ("BIC"):</b> <u>er in charge</u> : Input BIC's name in Section A on page 1 and sign and o	late Section B below. If previously affiliated with	another brokerage		
	have your former PB complete Section C below and your new PB co				
affilia	ted within the brokerage firm, also mark the "Change from broker-	salesperson to broker in charge" box below and			
	on D below. If inactive, also mark the "Reactivate" box and follow to		a to another firm		
	<u>r broker in charge</u> : Input former BIC's name in Section A on page 1 a the "Change Broker" box and have the former PB complete Section				
	ging to a broker-salesperson within the brokerage firm, also mark t				
have	your PB complete Section D below. If going inactive, follow instru				
	Change from broker-salesperson to broker in charge.	Change from broker in charge	e to broker-salesperson.		
period covered. registered with t months, with ar	<b>TEMPORARY Principal Broker or Broker In Charge:</b> Input the Aprincipal broker or broker in charge who will be absent from the the principal place of business) must designate a temporary principula extension of 6 months subject to Commission approval. In cast propriete.	principal place of business for more than 30 cale al broker or temporary broker in charge. A tempo	endar days (and no other broker in charge i orary appointment may be made for up to 0		
,	gnment. Complete period covered (MM/DD/YYYY):	FROM	то		
	. It can clib to the second				
Appointing brok	er to complete Section C below; Temporary broker accepting assig	nment to complete Section D below.			
SECTION B.					
SIGNATURE OF LI	CENSEE	DATE			
SECTION C.			License No. of Broker		
DATE RELEASED					
(if applicable)			RB -		
SIGNATURE of Broker (Principal Broker, Sole Proprietor Broker or Broker in Charge of branch		roker in Charge of branch	License No. of Entity		
	office). Please <u>print</u> your name after your signature.		License No. of Entity		
			RB -		
	NAME & FULL BUSINESS ADDRESS of Releasing Entity or Branch	n Office (Number, Street,			
	Suite No., City, State and Zip Code)				
SECTION D.			License No. of Broker		
DATE HIRED (if applicable)			RB -		
	<b>SIGNATURE of Broker</b> ( <i>Principal Broker, Sole Proprietor Broker or Broker in Charge of branch office</i> ). <b>Please <u>print</u> your name after your signature</b> .				
			License No. of Entity		
			RB -		
			· 		
	NAME & FULL BUSINESS ADDRESS of Hiring Entity or Branch Of Suite No., City, State and Zip Code)	fice (Number, Street,			

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Signatories in Section B, C, and/or D certify that the information provided is true and correct.