CHANGE FORM - REAL ESTATE

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

Form is 2 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.			or	
Legal Name of Individual or Business Entity:	Deliver to	Deliver to: 335 Merchant St., Room 301 Honolulu, HI 96813		
License Name (Individual's First, Middle, LAST, or Entity)	License Nur	nber	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 Num	ber (days)		
Mailing Address:		Email Address		
INDICATE CHANGE BEING REPORTED BELOW: NO changes will be recorded ur 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 di change will not be processed. If no fee is indicated, there is no fee fo	shonored for any reason, and	the requested		
The effective date of a change will be as indicated on the form. Income an effective date coinciding with the date corrections are received. By Rule 16-99-5. Failure to comply may result in disciplinary action Change RESIDENCE LOCATION ADDRESS to address above. Sign	You must submit change	s within 10 da		
□□ and date page 2 in Section B.				
Change MAILING ADDRESS. Complete "Mailing Address" above. Sign and date page 2 in Section B.	(entity only, includes sole proprietor). Submit a copy of the "Application for Registration of Trade Name" that has been filed-stamped by the Business Registration Division, Commerce and Consumer Affairs. Sign and date page 2 in Section B. Fee: \$10			
Change BUSINESS ADDRESS of principal place of business or	From:	rana date page	2 III Section B. 1 cc. 910	
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 Chapter 99, HAR.	To:			
Chapter 99, TAN.	Delete:			
New business address:				
Phone Number:	legal document showi "Certificate of Amendr Division, Commerce &	ng name chang nent" filed with Consumer Affai ertificate, divorc	IDIVIDUAL. Attach a copy of e (Entity: File-stamped copy of the Business Registration rs and an entity resolution. e decree, etc.). Sign and date	
	Change to:			
DUPLICATE LICENSE - Pocket Licenses and Wall Certificates can be obtained on-line at no cost using the MyPVL site at https://pvl.ehawaii.gov/mypvl . NOTE: Wall Certificates are available for printing by "ACTIVE" licensees		late page 2 in Se or salesperson	eck one) LICENSE NAME of ection B. The license name of shall include the individual's full	
only.	Change to:			
SURRENDER of License (individual, entity, or branch office): Complete Sec petitions filed against the licensee or disciplinary hearings may surrender the li activity in the future must meet all requirements as a new applicant. Sign and da Place license INACTIVE. Complete Section A above. Releasing principal broker o is going inactive is required in Section B. If unable to obtain signature of licensee	icense. Once license is surrend te page 2 in Section B. r broker in charge must complet	dered, the perso	n who desires to engage in real estat age 2 and the signature of licensee who	

Section C. (BIC NOT AUTHORIZED TO SIGN THEMSELVES OR OTHER BIC'S ON OR OFF.)

Licensee Deceased. Provide a copy of death certificate or obituary. Signature of individual submitting the information is not required.

licensee written notification. NOTE: If the licensee is unable to obtain releasing broker's signature, please review the memorandum "Procedures for Difficulties with Releasing Broker on the Change Form or Experience Statement by Broker" on the Real Estate Branch website. If BIC is being placed on inactive status, PB must sign

brok	roker-Salesperson: Licensee reactivating is to complete Sec er in charge must complete Section D below. A licensee w	ho has been inactive for one o	r more renewal periods, shall first satisfy the	
certi	cribed continuing education (CE) hours of the immediate profiled CE core or elective courses completed during the immediate profiles.			•
<u>Entity</u> : Input n Good avail assod	current biennium, Fee: \$25 name of entity on page 1 in Section A. Principal broker's sig d Standing" obtained from the Business Registration Divisi able at www.hawaii.gov/hirec), and separate change form ciating salespersons and broker-salespersons. If using a tra	merce and Consumer Affairs, entity resolution (s nd broker in charge(s) (if applicable), and all	airs, entity resolution (sample applicable), and all	
<u>Branch Office</u> : I have	ne Business Registration Division. Fee: \$75. Input name of entity on page 1 in Section A. Principal brok e at least one (1) broker in charge. If the principal broker ha gister a broker in charge for the brokerage firm. Fee: \$75.	as not already designated a bro		
	r: Complete "Application for License: Real Estate Sole Propi		ons on that form.	
urrently affiliate	ER: Mark this box if you are immediately changing to a difed with a broker, your former broker must complete Section, PB must sign Section C. (BIC NOT AUTHORIZED TO SIGN)	on C below. Your new principa	al broker or broker in charge must complete Sec	
complete Sectio	LE PROPRIETOR: You must complete Section A on particular of the Delow. (If you are on inactive status, see REACTIVATE proved by the Business Registration Division of the Dep follow the instructions on that form. Fee: \$65 .	License above.) If you will be	using a trade name, attach a file-stamped cop	y of current trade nam
<u>Add New broke</u> firm, affilia Secti <u>Release Forme</u> mark chan	d or Release BROKER-IN-CHARGE ("BIC"): er in charge: Input BIC's name in Section A on page 1 and so have your former PB complete Section C below and your lated within the brokerage firm, also mark the "Change from ion D below. If inactive, also mark the "Reactivate" box and rebroker in charge: Input former BIC's name in Section A or at the "Change Broker" box and have the former PB completinging to a broker-salesperson within the brokerage firm, also your PB complete Section D below. If going inactive, follows.	new PB complete Section D be m broker-salesperson to broke d follow the instructions to rea n page 1 and sign and date Sec te Section C below. Have your lso mark the "Change from bro	elow. If you're a broker-salesperson currently r in charge" box below and have your PB compli- ctivate license. Fee: \$10. ction B below. If BIC is going to another firm, new PB complete Section D below. If you're ker in charge to broker-salesperson" box below	
c	hange from broker-salesperson to broker in charge	e. Char	nge from broker in charge to broker-salesp	person.
period covered. registered with months, with a	TEMPORARY Principal Broker or Broker In Charge A principal broker or broker in charge who will be absent the principal place of business) must designate a tempora n extension of 6 months subject to Commission approv	t from the principal place of bu ary principal broker or tempora	isiness for more than 30 calendar days (and no c ry broker in charge. A temporary appointment r	other broker in charge i may be made for up to
	hever is appropriate. iignment . Complete period covered (MM/DD/YYYY):	FROM	TO	
	ker to complete Section C below; Temporary broker accep			
	**To change the Principal Brok inge Form- Change Principal B	roker. " This for	m is available on our web	
	https://cca.ha	awaii.gov/reb/re	<u>ec_forms/</u> .	
SECTION B.				
	ICENSEE	DA	TE	
DATE RELEASED (if applicable)			License No. of Bro	oker
(п аррисаотс)	SIGNATURE of Broker (Principal Broker, Sole Proprietor E office). Please print your name after your signature .	Broker or Broker in Charge of brand	ch License No. of En	
			RB -	
	NAME & FULL BUSINESS ADDRESS of Releasing Entity Suite No., City, State and Zip Code)	y or Branch Office (Number, Street		
SECTION D.	Sanc ito, city state and Ep code;		License No. of Bro	oker
DATE HIRED (if applicable)			RB -	

NAME & FULL BUSINESS ADDRESS of Hiring Entity or Branch Office (*Number, Street, Suite No., City, State and Zip Code*)

SIGNATURE of Broker (Principal Broker, Sole Proprietor Broker or Broker in Charge of branch

office). Please <u>print</u> your name after your signature.

License No. of Entity

RB -