



7. Are you applying to change your **address** (place of Residence)?

No

Yes  If yes, provide the following information:

New Physical Address: \_\_\_\_\_

RESIDENTIAL (PHYSICAL) \_\_\_\_\_

ADDRESS REQUIRED \_\_\_\_\_

(PO Box not accepted)

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

8. All **correspondence** from the board are mailed to the individual's physical address on record. Complete the following table if you would like to have your correspondence mailed to a different address:

(The address(es) listed below will become the 'Mailing Address' for the related license(s).)

No

Yes  If yes, provide your license number and address for each license type you hold from DPOR.

License Number	Mailing Address

➤ All Real Estate License(s) are mailed directly to the Firm/Sole Proprietor.

9. I certify that all information provided on this form is true and accurate, and that I am authorized to request the changes herein.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*All Individuals who are changing their legal name and/or DBA name must **attach all original Real Estate license(s)** - no pocket cards - to this application before this request will be processed.*

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