

Real Estate **Change of Firm Name** or Add/Change DBA Name



Add a DBA (Doing Business As) name to the firm or change a firm or DBA name.

Online: https://professions.dol.wa.gov

Or mail this completed and any required documents to:

Real Estate Licensing Department of Licensing PO Box 9021 Olympia, WA 98507



Eirm	name	change
	name	Change

For questions or language help call: (360) 664-6500 or (360) 664-6488	
Firm name change 1. Get firm name approval from Real Estate Regulatory−you must first contact information, desired firm name, and any DBA names via email to let you know via email or phone in 1-5 business days. 2. Required documents checklist (check when completed) □ Copy of your master business license with any applicable DBA trade in Revenue, dor.wa.gov, for information. □ Copy of name change amendment from the Secretary of State. □ Type of business documentation (needed for all types, except sole propose Secretary of State, sos.wa.gov, for information. □ All real estate licenses showing former firm name. □ New Real Estate License Transfer and Activation (RE-620-004A) for each New Real Estate Endorsement Application (RE-620-016) for each brau New Real Estate Branch Office License Application (RE-620-011) for each	o reregulatory@dol.wa.gov. We will names listed—contact Department of oprietor)—contact Washington a real estate broker or managing broker anch manager or designated broker.
Add or change a DBA name 1. Get DBA name approval from Real Estate Regulatory – you must first contact information, and desired DBA names via email to reregulatory@ email or phone in 1-5 business days. 2. Required documents checklist (check when completed) Copy of the business license showing the DBA name as a trade name All real estate licenses showing previous DBA name, if applicable. New Real Estate Branch Office License Application (RE-620-011) for the Check all that apply: Change of firm name New DBA	dol.wa.gov. We will let you know via
Firm information–Incomplete applications will not be processed	
TYPE or PRINT Firm name	UBI/UBI Business ID/UBI Location ID (16 digits)
Name firm will do business as (if applicable)	
Mailing address (Address, City, State, ZIP code)	
Physical address, if different (Address, City, State, ZIP code)	
Email	(Area code) Phone number
By signing this application you understand that we, the Department of Lice	nsing, have the right to enter your

business locations at reasonable times to inspect the records that you are required to keep. It is your responsibility as a licensee to cooperate with an audit or an investigation by providing us with the requested documents and a written explanation of the matter contained in a complaint.

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

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	TYPE or PRINT Name of designated broker
	X
Date and place signed	Designated broker signature