Click here to START or CLEAR, then hit the TAB button

WASHINGTON STATE DEPARTMENT OF LICENSING

Real Estate Broker/Managing Broker Name/Address Change

[redacted]

Use this form to inform us of a change in your name or home address. Do not use this form to change a firm name or address. Mail, email, or fax this completed form to:

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

Email: RealEstate@dol.wa.gov
Fax: **(360) 586-0998**

27001-SUPPORTING

Questions, call us at (360) 664-6500 or (360) 664-6488.

What are you requesting? *(check all that apply)*
☐ Name change *(active licensees must have Designated broker/Branch manager signature)*
☐ Home address change

Incomplete applications will not be processed.

Applicant information

TYPE or PRINT Name *(as it appears on your license, if applicable)*			
IF NAME CHANGE – TYPE or PRINT New name *(as you want it to appear on your license)*			
Date of birth	License number	(Area code) Telephone number	Email
New home address, if applicable *(Street address, City, State, ZIP code)*			

Answer the following

If you answer "Yes" to questions 1-5, attach a letter of explanation. Include the charge, date of conviction, civil judgment or order, county jurisdiction, state, and disposition of charges.

In this state or any other jurisdiction, are you or have you:

1. Within the last 10 years, had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? . . . . . ☐ Yes ☐ No
2. Within the last 10 years, had any civil court order, verdict, or judgment entered against you? . . . . . ☐ Yes ☐ No
3. Within the last 10 years, defaulted or been convicted of or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic offenses.) . . . . . ☐ Yes ☐ No
4. Currently under indictment, or is there a criminal complaint, charge, or information pending against you? . . . . . ☐ Yes ☐ No
5. Currently required to register as a sex offender? . . . . . ☐ Yes ☐ No

   If yes, in which state _____ and county _____

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

_____
Date and place signed

X **Applicant: Sign here when completed.**
_____
Applicant signature *(if name change, use new name)*

Name changes only – your Designated broker/Branch manager signature is required (not needed for inactive licensees). If not signed by the Designated broker or Branch manager, submit a copy of the delegation authority.

X **Applicant: Sign and date here when completed.**
_____
Designated broker/Branch manager signature Date

_____
Firm name License number