



APPLICATION FOR CHANGE: INDIVIDUAL PROPRIETORSHIP

Fees:
See reverse side
Fees are non-refundable

This application is used to become licensed as an individual proprietor with or without a tradename, or to change the name and/or the address of a currently licensed individual proprietorship. Your level of authority must be “independent” or “employing” broker.

All licensees who became brokers in Colorado prior to 1-1-97 have Employing Broker level of authority.

NOTE: Subject to verification of compliance with errors and omissions insurance coverage, changes requested on this application will become effective on the date the properly completed form and fee are received by the Colorado Division of Real Estate. Fees are subject to change.

RETURN TO:
Division of Real Estate
1560 Broadway, Ste. 925
Denver CO 80202
Phone # (303) 894-2166

MAKE CHECKS PAYABLE TO:
C.R.E.C. or
Colorado Real Estate Commission
No Cash or Credit Accepted

1. Name: _____
(Last) (First) (Middle) (Former \ Maiden)

Date of birth _____ Place of birth _____
(Month) (Day) (Year) (City) (State)

Social Security No. _____ / _____ / _____ (Required by 24-34-107 C.R.S.)

Residence Address _____
(Number and Street) (City) (State) (Zip Code)

Residence Phone Number (_____) _____ Business Phone Number (_____) _____

Cellular Phone Number(_____) _____ E-Mail Address _____

Real Estate License Number : _____ Year of Expiration: _____

2. Please indicate the manner in which you are insured for errors and omissions.
- I am insured with Rice Insurance Services Company LLC, the Commission’s group carrier, who will provide electronic verification of errors & omissions insurance coverage directly to the Division of Real Estate.
 - Enrollment forms for the Real Estate Commission's group coverage are available from the exam center, the Division of Real Estate office or homepage and Rice Insurance Services Company LLC. Phone: 1-800-637-7319
 - I am insured with _____, an independent insurance carrier who is providing errors & omissions insurance coverage.
(If independently insured, you must include the ERRORS AND OMISSIONS INSURANCE CERTIFICATION OF CONFORMING COVERAGE Commission form (REC-1-98-E&O) with this application unless such certification has been previously submitted to the Division and is still in effect).
 - Certification forms for independent coverage are available at the Division of Real Estate office or homepage.
 - **Note:** Individual Proprietors are **not** subject to additional company insurance coverage for errors and omissions. An individual proprietor is a person who engages in business as an individual natural person with or without a trade name and is not doing business as a corporation, partnership or limited liability company.

COMPLETE OTHER SIDE

INDIVIDUAL PROPRIETORSHIP

3. Indicate the changes that are to be made to your license:

SECTION 1

Issue my license as an Individual Proprietorship:

(Print Trade Name if any)

- You **must** include a stamped copy of the filing and authorization of the above name issued by the Secretary of State.
- If trade name has been expired for 1 year or more you must submit a stamped copy of the filing and authorization of the above name issued by the Dept of Revenue.

Business address: _____
(Number and Street) (Suite)

(City) (State) (Zip Code)

P.O. Box for mailing purposes _____
(No.) (City) (State) (Zip Code)

Note: P.O. Box number is not acceptable in place of a physical address.

Business Phone Number (____) _____

FEE: \$50 for responsible broker only unless completing section 2.

SECTION 2

Add or Change Trade Name of Company to: _____

(Print New Trade Name)

- You **must** include a stamped copy of the filing and authorization of the name change as issued by the Secretary of State.

FEE: \$50 for each licensee to add or change the trade name of the company.

SECTION 3

Change Business Address to: _____

(Street) (Suite)

(City) (State) (Zip)


P.O. Box for Mailing Purposes Only _____
(Box Number) (City) (State) (Zip Code)

Note: P.O. Box is not acceptable in lieu of a physical brokerage address.

Business Phone Number (____) _____

FEE: \$50 to change the company's address. This fee is not in addition to the fees in Section 1 or Section 2 if you have also indicated a change there.

Please make the changes and issue my license as indicated in this application. I declare under penalty of perjury that, unless exempt, pursuant to 12-61-110(4) C.R.S., I have complied with the continuing education requirements of 12-61-110.5(1)(c), and have complied with the errors and omissions insurance requirements of 12-61-103.6 C.R.S. and Rule D-14.

 Applicant's signature: _____ Date _____