



APPLICATION TO CHANGE PERSONAL NAME ONLY

PLEASE NOTE: Subject to verification of compliance with errors and omissions (E&O) insurance requirements, this application will become effective within approximately five to 15 days of receipt of the properly completed form and fee by the Colorado Division of Real Estate.

RETURN TO:
Division of Real Estate
1560 Broadway, Suite 925, Denver, CO 80202
Phone: 303-894-2166

APPLICATION FEE: **\$50.00**
Make check payable to C.R.E.C. or Colorado Division of Real Estate
(Fees are non-refundable)

TO BE COMPLETED BY APPLICANT

Name as it appears on license: _____
(Last) (First) (Middle) (Former/Maiden)

New name: _____
(Last) (First) (Middle)

Real Estate License No. _____ License Expiration Date ____/____/____

Date of Birth ____/____/____ Place of Birth _____
(City) (State)

Social Security No. ____/____/____ (Required by 24-34-107 C.R.S. if not previously submitted.)

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

Mailing Address (P.O. Box number is not acceptable in place of a physical street address.)

(P.O. Box Number) (City) (State) (Zip Code)

Residence Phone () _____ Business Phone () _____

Cell Phone () _____ E-mail Address _____

COPY OF OFFICIAL DOCUMENTATION MUST BE ENCLOSED
(i.e., marriage license or court documentation)

Please reissue my license as indicated. 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 E&O insurance requirements of 12-61-103.6 C.R.S. and Rule D-14.

Applicant's Signature _____ **Date** ____/____/____