



APPLICATION TO AMEND REAL ESTATE LICENSE: CHANGE PERSONAL INFORMATION

PLEASE CHECK THE INFORMATION YOU WISH TO CHANGE

- Residence address
- Personal Mailing address
- Residence phone
- Personal Cell phone
- Email address

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

APPLICATION FEE: **NO FEE REQUIRED**

TO BE COMPLETED BY APPLYING LICENSEE

Applicant's 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.)

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

New Mailing Address Please check here if a P.O. Box is your only option to receive mail.

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

New Residence Phone () _____

New Cell Phone () _____

New E-mail Address _____

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 12-61-110.5(1) 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** ____/____/____