



## APPLICATION TO AMEND REAL ESTATE LICENSE: CHANGE OF BROKER LEVEL OF AUTHORITY

**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)

The following must accompany this application:

1. Broker exam score(s), if applicable. Scores are not required for applicants who were licensed after January 1, 1997
2. For Employing Broker level of authority, a properly executed Certificate of Completion (Form REC-33) or other proof of education acceptable to the Commission indicating completion of the 24-hour Brokerage Administration Course.
3. Certificate(s) of License history from other jurisdiction(s) if licensee does not have two years' active Colorado licensure.

Name of Applicant \_\_\_\_\_  
(Last) (First) (Middle) (Former/Maiden)

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 \_\_\_\_\_

Every active licensee must maintain E&O insurance pursuant to 12-61-103.6 C.R.S. and Rule D-14. Licensees can meet this requirement by enrolling in the Real Estate Commission's group coverage plan or by obtaining independent coverage. If the Commission cannot verify E&O coverage, this application will be cancelled. Please check the appropriate box below:

- I am insured with Rice Insurance Services Company, L.L.C., the Commission's group carrier. Please provide proof of E&O coverage with this form (unless previously submitted and still in effect). (Enrollment forms for group coverage are available from PSI (1-800-733-9267), Rice Insurance (1-800-637-7319) and on the Division's website, [www.dora.state.co.us/real-estate](http://www.dora.state.co.us/real-estate)).
- I am insured with \_\_\_\_\_, an independent insurance carrier, which is providing E&O insurance coverage and have included Commission Form REC-E&O 01/05, Certification of Colorado Real Estate Errors and Omissions Independent Coverage, with this application (unless such certification was previously submitted to the Division and is still in effect).

In compliance with Title 12, Article 61, Part 1 C.R.S., I hereby make application for an upgrade in Real Estate Broker License level of authority as indicated below. **INDICATE THE HIGHEST LEVEL OF AUTHORITY FOR WHICH YOU QUALIFY**

Independent Broker

Definition: An independent broker may work without supervision

Permissions: Responsible broker for an entity, individual proprietor, in the employ of another broker or inactive.

Requirements: Two years' active **broker** level licensure **and** passed the Colorado portion of the Real Estate Examination<sup>1</sup>

Employing Broker

Definition: A Real Estate Broker who may employ and supervise other licensees.

Permissions: Responsible broker for an entity, individual proprietor, in the employ of another broker or inactive.

Requirements: Two years' active **broker** level licensure **and** passed the Colorado portion of the Real Estate Examination<sup>1</sup> **and** successfully completed the 24-hour Brokerage Administration course.

<sup>1</sup> If a Colorado real estate Salesperson passed the Colorado portion of the real estate Broker's exam in order to upgrade to Associate Broker status and subsequently wishes to upgrade to Independent Broker or Employing Broker level of authority, exam scores will be honored regardless of when the licensee is applying for the upgrade in authority level.

Forms, applications and information about any licensee's status are available on the Division of Real Estate's internet home page:  
[www.dora.state.co.us/real-estate](http://www.dora.state.co.us/real-estate)

REC-BL (05/10)

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**PLEASE ISSUE MY LICENSE AS INDICATED BY THE FOLLOWING FIVE OPTIONS**

OPTION 1: Without change in my employment as shown in the Division of Real Estate's records.

OPTION 2: As an Individual Proprietorship

Trade name, if any, as filed with the Colorado Secretary of State. **You must include proof that this trade name has been filed.**

Business Name \_\_\_\_\_

Firm 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)

Business Phone ( ) \_\_\_\_\_

OPTION 3: As the Broker for a Corporation, Partnership or LLC

\*For a *company not currently licensed*, you must qualify as an Independent Broker or Employing Broker **and** submit Commission Form REC-CPA, Application for a New Corporation, partnership or Limited Liability Company **with this application for a total fee of \$400 dollars.**

\*For a *company currently licensed*, you must also submit Commission Form REC-NC/C, Application for Change of Corporation, Partnership or LLC Real Estate License, **with this application for no additional fee.**

OPTION 4: As a Broker in the employ of another Employing Broker

***Employing Broker must complete the following information***

Firm Name \_\_\_\_\_ Firm License Number \_\_\_\_\_

Employing Broker's Name \_\_\_\_\_  
(Last) (First) (Middle)

Firm Address \_\_\_\_\_  
(Number & Street) (City) State) (Zip Code)

Business Phone ( ) \_\_\_\_\_ Real Estate License No. \_\_\_\_\_

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

***Employing Broker's Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_/\_\_\_\_/\_\_\_\_

OPTION 5: I request an inactive license at this time. (I understand that an additional fee and appropriate form will be due upon reactivation or reinstatement.)

*I, being of lawful age, state that I am the individual above named in this application and that I do hereby consent that suits and actions may be commenced against me in the proper courts of any county in the State of Colorado in which a cause of action may arise and the plaintiffs in said action may reside, by the service of any process or pleading, authorized by the laws of the said State of Colorado, on the Secretary of State. It is hereby stipulated and agreed that such service of process or pleading shall be taken and held in all courts to be as valid and binding as if due service had been made upon me in the State of Colorado. The consent hereby given is irrevocable.*

*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*** \_\_\_\_/\_\_\_\_/\_\_\_\_

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