State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
REAL ESTATE COMMISSION
PO BOX 474
TRENTON, NJ 08625-0474

TEL (609) 292-7272
FAX (609) 292-0944

Change of Address for An Office

Company Name_____Reference#_____

New Address_____
(For Multi-Office Buildings include Suite or Room Number)

Email _____ Phone# _____

County _____ Effective date of new address_____

Is this location a private residence? Yes ☐ No ☐

(If answered yes, please submit a letter that you are familiar with N.J.A.C. 11:5-4.4(b) and the office, is in compliance with our rules and regulations)

Do you share an office with another broker or firm? Yes ☐ No ☐

(If answered yes, please submit a letter from the lease holder/owner stating that you have permission to use said address and that you maintain
your own files and telephone.)

Escrow/Trust Acct. # _____ Bank Name_____

Gen. Business Acct. # _____ Bank Name_____

MAKE CHECK PAYABLE TO: STATE TREASURER OF NEW JERSEY IN THE AMOUNT OF $50.00 (BROKER'S BUSINESS CHECK, CERTIFIED CHECK OR MONEY ORDER ONLY).

BROKERS WITH TRADE NAME OR PARTNERSHIPS: A NEW TRADE NAME CERTIFICATE MUST BE FILED IN THE COUNTY THAT YOU ARE DOING BUSINESS. CERTIFICATE MUST ACCOMPANY THIS FORM. **(NOT APPLICABLE FOR CORPORATIONS AND LLC.)**

OUT OF STATE BROKERS: PLEASE SUBMIT A LICENSE CERTIFICATION FROM THE LICENSING AUTHORITY IN YOUR HOME STATE REFLECTING NEW BUSINESS ADDRESS OR COPY OF CURRENT LICENSE(S).

Broker's signature_____ Date _____