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

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

CHANGE OF RESIDENCE ADDRESS

LICENSE REFERENCE #_____

NAME_____TELEPHONE (__)_____

NEW ADDRESS_____
(Street, Apt., and or P.O. Box Number)

_____
(City, State and Zip Code)

COUNTY_____

TELEPHONE # ( )_____

EMAIL ADDRESS_____

NO FEE REQUIRED

PLEASE NOTE: THIS FORM MAY BE MAILED OR FAXED TO THE ADDRESS OR FAX NUMBER INDICATED ON OUR LETTERHEAD.