



State of New Jersey

DEPARTMENT OF BANKING AND INSURANCE
REAL ESTATE COMMISSION
PO Box 474
TRENTON, NJ 08625-0474

PHIL MURPHY
Governor

MARLENE CARIDE
Commissioner

SHEILA OLIVER
Lt. Governor

TEL (609) 292-7272
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AURELIO ROMERO
Executive Director

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 \_\_\_\_\_