



STATE OF TENNESSEE
 DEPARTMENT OF COMMERCE AND INSURANCE
TENNESSEE REAL ESTATE COMMISSION
 500 JAMES ROBERTSON PARKWAY
 NASHVILLE, TENNESSEE 37243-1151
 (615) 741-2273 or (800) 342-4031
 www.tn.gov/commerce

T.R.E.C. Form 2.

REVISED 05/16/16

Do not write or mark in the space below.

TRANSFER, RELEASE AND CHANGE OF STATUS FORM

Check appropriate box(es) and complete all required lines of information.
 Remit appropriate fee for each box checked.

Amount remitted \$ _____

A. Change of firm business/ mailing address (2, 4 & 5)
 \$50.00 **NOTE:**

Please provide **Zoning Letter** to show proof of address change. Firms may add P.O. Box for mailing purposes only. A mailing address cannot be another street address or home address.

B. Close firm (1,3,5) NO FEE

C. Request duplicate of lost license (1, 2, 5, & 7)
 \$10.00

I request T.R.E.C. process as indicated above

Licensee's Name	Home Phone Number	E-Mail Address	License/File ID Number
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1.

Current Firm Name	Firm Phone Number	E-Mail Address	Current Firm File ID Number
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2.

New Firm/Licensee Name	New Firm Phone Number	E-Mail Address	New Firm File ID Number
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3.

4.(a) New Firm Street Address

City	State	Zip Code
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4.(b) Firm Mailing Address (P.O. Box only)	City	State	Zip Code
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ORIGINAL SIGNATURES ONLY, PROVIDE ALL INFORMATION AND DATES

5. Current or Releasing Principal Broker's Signature	PB License (File I.D.) Number	Date of Change or Release
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6. New Principal Broker's Signature	PB License (File I.D.) Number	Date
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7. Licensee's Signature	Date
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8. Licensee's Home Mailing Address

City	State	Zip Code
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PLEASE READ REVERSE OF THIS FORM FOR IMPORTANT INFORMATION AND INSTRUCTIONS

If this form does not have the information printed on the reverse, you can obtain a copy of both sides by contacting the TREC office or web site at:
 www.tn.gov/commerce. IN0857(Rev. 05/2016)

Instructions and Information

All parties are responsible for their own copies of this form. Principal brokers should retain a copy for the firm's records. Change of address on firms must be accompanied by a zoning letter. This form cannot be used for reinstatement or renewal of license. Please contact the TREC office for proper forms.

Transferring or reactivating licensees who did not purchase TREC errors and omissions (E&O) insurance for the current licensing period, including licensees who have been covered by alternative coverage provided by the releasing firm, MUST provide proof of current valid coverage WITH THIS FORM. Contact the insurance vendor for STATE coverage or for alternative insurance provided by the firm, submit the certification of insurance (TREC form) with this form. Please discuss E&O insurance with the principal broker of the NEW firm prior to submitting. DO NOT send premiums to TREC for coverage. Premiums received in error will be processed as a refund.

The license of the transferee is invalid until the completed transfer form and appropriate fee are transmitted to the Commission's office. Failure to do so within 10 days from the date of release from the present broker may subject the licensee to penalty from the Commission.

Complete each required line by providing ALL requested information on the entire line: INFORMATION REQUESTED MAY DIFFER SLIGHTLY DEPENDING ON THE TYPE OF CHANGE REQUESTED. THE DIFFERENT INFORMATION IS SPECIFIED BELOW.

A. Change of firm business address: (2,4 &5) \$50.00

Line 2: Name, office phone number, e-mail address and firm file I.D. number of firm requesting change of business or mailing address

Line 4a: New street address, city, state and zip code of firm named on line 2 (or) Line 4b: to add mailing address

Line 5: Signature, license/file I.D.# of principal broker of the firm named on line 2 and date

NOTE: Firm must provide a zoning letter for the new street address

B. Request duplicate of lost license: (1,2,5, & 7) \$10.00

Line 1: Name of Licensee affiliated with a firm requesting a change of firm name, license/file I.D. number of licensee

Line 2: Name, office phone number, e-mail address and firm file I.D. number of firm requesting a change of name

Line 5: Signature, license/file I.D.# of principal broker of the firm named on line 2 and date

Line 7: Signature and date of licensee named on line 1

C. Close firm: (1,3,5) NO FEE

Line 1: Name, home phone number, e-mail address and license/file I.D. number of licensee requesting to be changed to active status

Line 3: Name, office phone number, e-mail address and firm file I.D. number of firm licensee is requesting to be affiliated with Line

Line 5: Signature, license/file I.D.# of principal broker of the firm named on line 2 and date