



STATE OF TENNESSEE  
 DEPARTMENT OF COMMERCE AND INSURANCE  
**TENNESSEE REAL ESTATE COMMISSION**  
 500 JAMES ROBERTSON PARKWAY SUITE 180  
 NASHVILLE TN 37243-1151  
 www.state.tn.us/commerce/trec  
 (615) 741-2273 or (800) 342-4031

# T.R.E.C. Form 1.

REVISED 06/01/03

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 \$ \_\_\_\_\_

- |                                                                                                                                                                                        |                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> A. Transfer to new firm (1thru 8) \$25.00                                                                                                                     | <input type="checkbox"/> F. Change of firm name (1thru 4) \$10.00<br>(A form and fee are required from each licensee and the PB must file new Firm application form)                                  |
| <input type="checkbox"/> B. Change of licensee name (1,2,3, & 7) \$10.00                                                                                                               | <input type="checkbox"/> G. Change of firm business address (2, 4a & 5) \$50.00<br>or Firm Mailing Address (2,4b,&5) \$ 50.00<br>(Per change regardless of number of affiliates)                      |
| <input type="checkbox"/> C. Change of home address of licensee<br>(1, 7 & 8) NO CHARGE                                                                                                 | <input type="checkbox"/> H. Change or Upgrade of firm's principal broker (1,2,5,6)<br>\$25.00                                                                                                         |
| <input type="checkbox"/> D. Change of status from inactive or retired to active<br>(1,3,4,6,7&8) \$25.00                                                                               | <input type="checkbox"/> I. Principal Broker release of affiliated licensee (1,2, & 5)<br>NO CHARGE, Licensee will be placed in problem status,<br>SEE additional information on page 2 of this form. |
| <input type="checkbox"/> E. Change of status from active to inactive or retired<br>status (1,5,7 &8) \$25.00<br>(Licensee must continue to pay renewal fee when due,<br>TCA 62-13-318) |                                                                                                                                                                                                       |

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

TYPE OF LICENSE: (circle)    Affiliate Broker    Broker    Firm    Timeshare Salesperson    Vacation Lodging

1.	Licensee's Name	Home Phone Number	E-Mail Address	License/File ID Number
2.	Current Firm Name	Firm Phone Number	E-Mail Address	Current Firm File ID Number
3.	New Firm/Licensee Name	New Firm Phone Number	E-Mail Address	New Firm File ID Number
4.(a)	New Firm Street Address			
	City	State	Zip Code	
4.(b)	Firm Mailing Address (P.O. Box only)	City	State	Zip Code

**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	
6.	New Principal Broker's Signature	PB License (File I.D.)Number	Date	
7.	Licensee's Signature	Date		
8.	Licensee's Home Mailing Address			
	City	State	Zip Code	

**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.state.tn.us/commerce/trec. IN0857(Rev. 06/2003)

## 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. Transfer to new firm: (1 thru 8) \$25.00**

Line 1: Name, home phone number, e-mail address and license/file I.D. number of licensee transferring license

Line 2: Name, office phone number, e-mail address and firm file I.D. number of firm licensee is being released from

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

Line 4: Street address, city, state and zip code of the firm named on line 3

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

Line 6: Signature, license/file I.D.# of the principal broker of the firm on line 3 and date

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

Line 8: Home mailing address, city, state and zip code of the licensee named on line 1

NOTE: You must provide proof of E&O if you are leaving a firm with alternative insurance. See Instructions and Information above

### **B. Change of licensee name: (1,2,3, & 7) \$10.00**

Line 1: Name of licensee changing name (the name TREC has on record) home phone number, e-mail address and license/file I.D. number of licensee changing name

Line 2: Name, office phone number, e-mail address and firm file I.D. number of firm licensee is affiliated with

Line 3: New name of licensee named on line 1(Attach verification, marriage license, court order) "nicknames" must be in quotations (" ")

Line 7: Signature and date of licensee named on line 1&3

### **C. Change of home address: (1, 7 & 8) NO CHARGE**

Line 1: Name, home phone number, e-mail address and license file I.D. number of licensee changing home address

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

Line 8: New home mailing address, city, state and zip code of the licensee named on line 1

### **D. Change of status from inactive or retired to active status: (1,3,4,6,7&8) \$25.00**

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 4: Street address, city, state and zip code of the firm named on line 3

Line 6: Signature, license/file I.D.# of principal broker of firm named on line 3 and date

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

Line 8: Home mailing address, city, state and zip code of the licensee named on line 1

NOTE: All active licensees must obtain errors and omissions insurance. (See instructions above)

### **E. Change of status from active to inactive or retired status: (1,5,7 &8) \$25.00**

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

Line 2: Name, office phone number, e-mail address and firm file I.D. number of firm licensee is currently affiliated with

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

Line 8: Home mailing address, city, state and zip code of the licensee named on line 1

### **F. Change of firm name for licensee: (1thru 4) \$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 3: New name, office phone number and firm file I.D. number of firm requesting a change of name

Line 4a: Street address, city, state and zip code of the firm named on line 3

### **G. Change of firm business address: (2, 4a & 5) \$50.00 and/or (2,4b,&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

### **H. Change or Upgrade of Firm's Principal Broker (1,2,5,6) \$25.00**

Line 1: Name, home phone number, e-mail address and license/file I.D. number of new principal broker

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

Line 5: Signature, license/file I.D.# of the resigning principal broker and date

Line 6: Signature, license/file I.D.# of the new principal broker and date

### **I. Principal Broker Release of affiliated licensee: (1,2, & 5) NO CHARGE (Return form & license certificate to TREC)**

Line 1: Name, home phone number, e-mail address and license file I.D. number of licensee being released

Line 2: Name, office phone number, e-mail address and firm file I.D. number of firm licensee is being released from

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

NOTE: Licensee will be placed in problem status, Licensee can transfer to another firm or be placed in inactive or retired status.

Failure to file the appropriate completed form within ten (10) days of release constitutes a violation. Licensees will be required to pay any change of status fee due.