



MAIN OFFICE ADDRESS CHANGE

10/2003

Real Estate Agency
1177 Center Street NE
Salem OR 97301
Phone: 503-378-4170

INSTRUCTIONS

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| <p>1) Form must contain the original signature of the licensee authorizing this change. Authorizing licensee may be a principal broker, sole practitioner broker or sole practitioner property manager.</p> | <p>2) Return all current licenses with this form.</p> <p>3) Address change will be effective upon receipt of this form, payment and licenses at the Real Estate Agency, unless a later date is requested.</p> |
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SECTION A ADDRESS CHANGE INFORMATION

Registered Business Name	Permanent ID Number
New Main Office Street Address	Phone Number ()
City, State, Zip	Effective Date (if later than date received by REA)
Mailing Address, If Different	

SECTION B AUTHORIZATION

Name of Licensee Authorizing this Change	License Number
Original Signature	Daytime Phone Number ()

SECTION C FEE

Fee: \$10 per licensee.	Number of licensees: _____ X \$10 = \$ _____
All licenses must be returned to the Real Estate Agency.	

SECTION D PAYMENT

Payment may be made by check or money order payable to the Real Estate Agency or by credit card (VISA or MasterCard). Do not send cash. Complete this section to pay by credit card.

<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Card No.	Expiration Date (mo/yr)
	_____ - _____ - _____ - _____	___ / ___
Credit Card Billing Address		Signature Authorizing Credit Card Payment