



**SUBSIDIARY/AFFILIATE REGISTERED BUSINESS NAME (RBN)**

12/2003

Real Estate Agency  
 1177 Center St NE  
 Salem OR 97301  
 Phone: 503-378-4170  
 www.rea.state.or.us

Use this form to establish a link between two registered business names (RBNs). Establishing a link between affiliated or subsidiary organizations allows certain licensees to be licensed to both RBNs. (Note: affiliated brokers and affiliated property managers can only be licensed to one RBN.)

To establish a subsidiary or affiliated relationship, the organizations must have shared controlling interests. More than 50% of the control of each organization must be in common.

INSTRUCTIONS	
1)	In Section A, identify the two affiliated or subsidiary registered business names (RBNs). A Registered Business Name Application is needed if either business name is not already registered with the Real Estate Agency.
2)	Complete either Section B (if subsidiary) or Section C (if affiliated) to demonstrate shared controlling interests. If additional space is needed for Section C, use the back of the form.
3)	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.
4)	The licensee signing Section D will be licensed to both RBNs. An individual licensed to multiple RBNs only receives one license card; it contains the name of the parent organization, not the affiliate/subsidiary.

SECTION A REGISTERED BUSINESS NAMES (RBNs)											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;"><b>CURRENT REGISTERED BUSINESS NAME (RBN)</b> (Parent Organization)</td> </tr> <tr> <td style="padding: 5px;">Registered Business Name</td> </tr> <tr> <td style="padding: 5px;">Permanent ID Number (if RBN is already registered)</td> </tr> <tr> <td style="padding: 5px;">Main Office Street Address</td> </tr> <tr> <td style="padding: 5px;">City, state, zip</td> </tr> </table>	<b>CURRENT REGISTERED BUSINESS NAME (RBN)</b> (Parent Organization)	Registered Business Name	Permanent ID Number (if RBN is already registered)	Main Office Street Address	City, state, zip	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;"> <input type="checkbox"/> <b>AFFILIATE ORGANIZATION</b>  <input type="checkbox"/> <b>SUBSIDIARY ORGANIZATION</b> </td> </tr> <tr> <td style="padding: 5px;">Registered Business Name</td> </tr> <tr> <td style="padding: 5px;">Permanent ID Number (if RBN is already registered)</td> </tr> <tr> <td style="padding: 5px;">Main Office Street Address</td> </tr> <tr> <td style="padding: 5px;">City, state, zip</td> </tr> </table>	<input type="checkbox"/> <b>AFFILIATE ORGANIZATION</b> <input type="checkbox"/> <b>SUBSIDIARY ORGANIZATION</b>	Registered Business Name	Permanent ID Number (if RBN is already registered)	Main Office Street Address	City, state, zip
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SECTION B SUBSIDIARY ORGANIZATION CONTROLLING INTEREST
I certify that the parent company named above owns the majority of the voting stock of the subsidiary company named above. The parent company owns _____%.

SECTION C CONTROLLING INTEREST OF AFFILIATED ORGANIZATIONS			
<b>AFFILIATE: CONTROLLING INTEREST OF PARENT ORGANIZATION</b>		<b>AFFILIATE: CONTROLLING INTEREST OF AFFILIATE ORGANIZATION</b>	
Owner	% of Ownership	Owner	% of Ownership
Owner	% of Ownership	Owner	% of Ownership

SECTION D AUTHORIZATION		
By signing below, I certify under penalty of law that I have the authority to request this action. I hereby authorize and request the changes indicated in this form.		
Name of Licensee Authorizing this Change	License Number	
Original Signature	Date	Daytime Phone Number (     )