

OFFICE CHANGES

REC

Fee: \$50.00 for each licensee
(Applies to changes which would require a new license only; i.e. change broker or change of business name).

- **Enclose original license certificates (signed and dated by employing broker) of all licensees in office, including broker**

- Change Broker
- Change Associate Broker In Charge
- Change Business Name
- Close Office (no fee)
- Main Office
- Referral Office
- Branch Office
- Business Activities (Check all that apply)
 - Sales
 - Property Management
 - Commercial Sales & Leasing
 - Community Association & Leasing

FOR OFFICE USE ONLY

MAIN OFFICE

Business Name: _____ Telephone Number: _____

Owner of Business: _____
(Print the name of Sole Owner, Corporation, LLC or LLP as applicable)

(If applicable) Corporation Entity #: _____ Partnership #: _____ or LLC Entity # _____

Physical Location: _____ City: _____ Fax Number: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Trust Account Name: _____ Number: _____

Bank Name: _____ Branch: _____

Broker of Record: _____ License Number: _____
(Please PRINT)

BRANCH OFFICE

Business Name: _____ Telephone Number: _____

Owner of Business: _____
(Print the name of Sole Owner, Corporation, LLC or LLP as applicable)

(If applicable) Corporation Entity #: _____ Partnership #: _____ or LLC Entity # _____

Physical Location: _____ City: _____ Fax Number: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Trust Account Name: _____ Number: _____

Bank Name: _____ Branch: _____

Associate Broker in Charge: _____ License Number: _____
(Please PRINT)

Associate Broker Signature: _____ Date: _____

AFFIDAVIT OF BROKER STATEMENT

I HEREBY CERTIFY that the above information is true and correct to the best of my knowledge. I understand that any false or misleading information may result in suspension or revocation of my license.

Date: _____ Broker of Record: _____
(Broker Signature)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, _____.

SEAL

Notary Public for the State of _____
My Commission Expires: _____

Partnership Affidavit

Please print or type

_____ Name of Partnership

is a partnership by virtue of a partnership agreement executed on

_____ at _____
Date City State

By action of the partners,

_____ Name of Broker

has been named Broker-in-Charge of the partnership real estate office registered as

Each partner must sign this application, and each signature must be notarized.
If additional signature blocks are needed, photocopy this form and attach.

Name of Partner: _____

License No.: _____ Signature: _____

SUBSCRIBED AND SWORN before me this _____ day of _____,
_____.

SEAL

Notary Public for the State of Alaska
My Commission Expires: _____

Name of Partner: _____

License No.: _____ Signature: _____

SUBSCRIBED AND SWORN before me this _____ day of _____,
_____.

SEAL

Notary Public for the State of Alaska
My Commission Expires: _____

Corporation Affidavit

Please print or type

Attach a list of all officers and directors. The corporate resolution naming the broker must be reflected in the minutes of a board meeting.

CORPORATE RESOLUTION TO NAME BROKER

Be it resolved by the action and authority of the Board of Directors of

Name of Corporation

that

Name of Broker

License Number

has been designated Broker-in-Charge of the corporate real estate office in compliance with AS 08.88.161 and 12 AAC 64.065, the provisions of which are incorporated in this resolution by reference.

Signature of Corporate Officer

Affidavit

State of Alaska

On this ____ day of _____, _____, at _____, Alaska,

_____, known or identified to me as the person or persons who executed this resolution, appeared before me and acknowledged this resolution to be (his) (her) (their) free and voluntary act and did swear upon oath that all statements made in this resolution are true and correct.

In witness, I set my hand and affix my seal on the day and year above written.

SEAL

Notary Public for the State of Alaska
My Commission Expires: _____