FOR COMMISSION USE ONLY

Receipt No._____ Amount_____

Received by_____

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

SOUTH DAKOTA REAL ESTATE COMMISSION

217 West Missouri Avenue, Pierre, South Dakota 57501
Tel: 605.773.3600 Fax: 605.773.7175 dlr.sd.gov/realestate

CHANGE OF ASSOCIATION/ADDRESS

Pursuant to SDCL 36-21A-52 and SDCL 36-21A-56, a licensee transferring from one firm to another or a broker, including a restricted broker, changing business locations must notify the Commission on this form and submit a fee of $15 per license, payable to the South Dakota Real Estate Commission, 217 West Missouri Ave., Pierre, SD 57501.

The license is not returned to the Real Estate Commission. This form is not to be used for requesting a new or inactive license. This form must be furnished to the Real Estate Commission within 10 days after transfer of the license to the new address.

This form consists of two parts. Complete Part A if a licensee is transferring from one firm to another. **The steps are to be completed in the order they appear.** Complete Part B if a responsible broker is moving his/her entire office to a new location.

PART A: CHANGE OF ASSOCIATION

Step 1: *To be completed by new responsible or designated broker*

Name of transferring licensee_____

Type of license_____ License Number_____

Business name_____

Business phone number_____ Business fax number_____

Business address_____
Street Suite No City State Zip Code

Mailing address, if different from above_____

Name and license number of responsible broker_____

I certify that the above information is true and correct. _____
Signature of new responsible or designated broker Date

Step 2: *To be completed by releasing responsible or designated broker*

Name and license number of releasing broker_____

Business name_____

Business address_____
Street Suite No City State Zip Code

Date license was released to transferring licensee _____

I certify that the above information is true and correct. _____
Signature of releasing responsible or designated broker Date

Step 3: *To be completed by transferring licensee*

E-Mail address_____ _____
Signature of transferring licensee Date

PART B: CHANGE OF BUSINESS LOCATION

Name and license number of responsible broker_____

Name of firm, if different from above_____

Firm license number, if applicable_____

Old address_____
Street Suite No City State Zip Code

New address_____
Street Suite No City State Zip Code

Mailing address, if different from above_____

_____

Effective date of move_____ Phone number_____ Fax number_____

The associates, if any, and their license numbers have also changed as of the above date and are listed below.

_____
Signature of responsible broker

Name of Licensee	**Type of License**	**License Number**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____

(For additional licensees, attach a separate sheet.)