State of Rhode Island and Providence Plantations
DEPARTMENT OF BUSINESS REGULATION
1511 Pontiac Avenue, Bldg. 69-1
Cranston, Rhode Island 02920

Division of Commercial Licensing
Real Estate Section

CHANGE IN REAL ESTATE BROKERAGE AFFILIATION
(Transfer of License)

Please submit the following documents with this request:		
• **Certificate of Errors and Omissions Insurance** • **A $25 check or money order, made payable to the "Rhode Island General Treasurer"**		
REAL ESTATE BROKER OR SALESPERSON		
Name:		License No:
Phone Number:	Email Address:	
CURRENT EMPLOYING AGENCY		
Current Agency Name:		
Agency Address:		
City:	State:	Zip Code:
NEW EMPLOYING AGENCY		
Agency Name:		Phone Number:
Agency Address:		
City:	State:	Zip Code:
Will you be the Principal Broker of the Agency listed above? □ **Yes** □ **No**		
Principal Broker Name:		RI License No.:

STATEMENT OF EMPLOYING BROKER

I, _____ being a licensed real estate broker in the State of Rhode Island
Principal Broker (Print)
certify that the above-named applicant will be associated/employed by this agency. When the employment is dissolved, I will inform the Department in writing within ten (10) days of the licensee's disaffiliation.

_____ _____
Principal Broker Signature Date of Signature (MM/DD/YY)