



STATE OF ALASKA
 DEPARTMENT OF COMMERCE,
 COMMUNITY
 AND ECONOMIC DEVELOPMENT
 DIVISION OF PROFESSIONAL
 LICENSING
 REAL ESTATE COMMISSION
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Date Stamp

CHANGE OF REAL ESTATE OFFICE AND TRUST INFORMATION

This form may be used to change the general office information only (i.e. physical location, mailing address, telephone number, fax number, and trust account information). Changes in business name, ownership, broker or associate broker-in-charge require additional forms and fees.

Change of office information for: Main Office Branch office

Office Name: _____

New Physical Location: _____

City: _____ State: _____ Zip: _____

New Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Bank Name: _____

Trust Account Name(s): _____

Trust Account Number(s): _____

Former Physical Location: _____

City: _____ State: _____ Zip: _____

Former Mailing Address: _____

City: _____ State: _____ Zip: _____

Broker of record (print or type name): _____

I certify that the office information provided above is true and correct.

Broker Signature: _____ Date: _____