



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
TENNESSEE REAL ESTATE COMMISSION  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1151  
(615) 741-2273 or (800) 342-4031  
www.tn.gov/commerce

## T.R.E.C. Form 2.

REVISED 06/15/16

Do not write or mark in the space below.

### FIRM UPDATES FORM

Check appropriate box (es) and complete all required lines of information. Remit appropriate fee for each box checked.

Amount remitted \$ \_\_\_\_\_

A. Change of firm business/ mailing address (2, 3 &4)

**\$50.00 NOTE:**

Please provide **Zoning Letter** to show proof of address change. Firms may add P.O. Box for mailing purposes only. A mailing address cannot be another street address or home address.

B. Close firm (1,2,4) **NO FEE** Please include letter from owner of firm.

C. Request duplicate of lost license (1, 2, &4)  
**\$10.00**

D. Retire a Firm **\$25.00**

I request T.R.E.C. process as indicated above

Principal Broker's Name	Home Phone Number	E-Mail Address	License/File ID Number
1.			

Firm Name	Firm Phone Number	E-Mail Address	Firm File ID Number
2.			

3. (a) New Firm Street Address

City	State	Zip Code
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Firm Mailing Address (P.O. Box only)	City	State	Zip Code
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3. (b)

### ORIGINAL SIGNATURES ONLY, PROVIDE ALL INFORMATION AND DATES

4. Principal Broker's Signature	PB License (File I.D.) Number	Date
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PLEASE READ REVERSE OF THIS FORM FOR IMPORTANT INFORMATION AND INSTRUCTIONS

If this form does not have the information printed on the reverse, you can obtain a copy of both sides by contacting the TREC office or web site at: [www.tn.gov/commerce](http://www.tn.gov/commerce). IN0857 (Rev. 05/2016)

### Instructions and Information

All parties are responsible for their own copies of this form. Principal brokers should retain a copy for the firm's records. Change of address on firms must be accompanied by a zoning letter. This form cannot be used for reinstatement or renewal of license. Please contact the TREC office for proper forms.

**Complete each required line by providing ALL requested information on the entire line: INFORMATION REQUESTED MAY DIFFER SLIGHTLY DEPENDING ON THE TYPE OF CHANGE REQUESTED. THE DIFFERENT INFORMATION IS SPECIFIED BELOW.**

#### **A. Change of firm business address: (2,3 & 4) \$50.00**

Line 2: Name, office phone number, e-mail address and firm file I.D. number of firm requesting change of business or mailing address

Line 3: New street address, city, state and zip code of firm named on line 2 (or) Line 4b: to add mailing address

Line 4: Signature, license/file I.D.# of principal broker of the firm named on line 2 and date

NOTE: Firm must provide a zoning letter for the new street address

#### **B. Close Firm (1, 2 & 4) (Closure Letter from firm owner req.)(NO FEE)**

Line 1: Principal Broker's Name, home phone number, e-mail address and license/file I.D.

Line 2: Name, office phone number e-mail address and firm file I.D. number of firm

Line 4: Signature, license/file I.D.# of principal broker of the firm named on line 2 and date

#### **C. Request duplicate of lost license: (1, 2, & 4) \$10.00**

Line 1: Principal Broker's Name, home phone number, e-mail address and license/file I.D.

Line 2: Firm Name, office phone number, e-mail address and firm file I.D. number of firm requesting closure,

Line 4: Signature, license/file I.D.# of principal broker of the firm named on line 2 and date

#### **D. Retire a firm (1, 2, & 4) \$25.00**

Line 1: Principal Broker's Name, home phone number, e-mail address and license/file I.D.

Line 2: Firm Name, office phone number, e-mail address and firm file I.D. number of firm requesting closure,

Line 4: Signature, license/file I.D.# of principal broker of the firm named on line 2 and date