



500 James Robertson Parkway  
Nashville, TN 37243  
Tel: 615-741-2241  
<http://www.tn.gov/commerce/>

FOR OFFICE USE ONLY
LICENSE TYPE: 2502
TRANS TYPE: 8004
FILE NUMBER:
ENTITY NUMBER:
APPLICATION:
NUMBER AMOUNT:
AMOUNT PAID:

## FIRM OR BRANCH NAME CHANGE APPLICATION

Only applicants with complete applications are eligible for consideration. You may attach additional pages as necessary. Please type or print clearly in ink. Checks should be made payable to the Department of Commerce & Insurance.

Send the completed application to: **Attn: TN Real Estate Commission**  
**The Department of Commerce & Insurance**  
**500 James Robertson Parkway**  
**Nashville, TN 37243**

Current Firm Name: \_\_\_\_\_

Firm License Number: \_\_\_\_\_

Firm Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Approved By:



TREC Log Number

Tennessee Real Estate Commission
500 James Robertson Parkway
Nashville TN 37243-1151
(615)741-2273, (800)342-4031, FAX :(615)741-0313
http://www.tn.gov/commerce/regboards/trec

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TRANS 8004

FILE ID

APPLICATION FOR FIRM OR BRANCH NAME CHANGE

[ ] Application for Name Change of Existing Firm File I.D. Number: \_\_\_\_\_

IMPORTANT WARNING NOTICE OF INVESTIGATION

U.S. Public Law 91-508 requires that we inform you that an extensive inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ACKNOWLEDGED: \_\_\_\_\_
(Signature of Principal Broker) (Date of Application)

Note: Each question must be answered completely before any action will be taken on this application. This is a sworn affidavit. False information or misleading statements will subject your license to suspension or revocation. This application is required of all sole proprietors, partnerships, corporations, LLCs, companies, or associations. All changes of name or address require a new application and fee. You are required to give notice of change of any principal broker within 10 days of his release or transfer. Branch offices must each hold a separate firm (Brokers) license and have a full time Principal Broker assigned to supervise all Affiliate Brokers. (This application must be filled out in ink or use typewriter.)

1) Proposed Firm Name: \_\_\_\_\_

2) Firm Street \_\_\_\_\_

Address:

(County) (City) (State) (Zip Code)

2a. Firm Mailing Address (If different from above) (P.O. Box ONLY): \_\_\_\_\_

(City) (State) (Zip Code)

3) Principal Broker of Firm: \_\_\_\_\_
(Full Name) (Phone Number) (File I.D. Number)

4) Is this the main office or a branch? \_\_\_\_\_

5) Firm E-Mail Address \_\_\_\_\_

6) Is applicant a Corporation? , L.L.C.? \_\_\_\_\_, Partnership? \_\_\_\_\_, Association? \_\_\_\_\_, Company? \_\_\_\_\_

7) If this application is for the purpose of changing the name of the firm, please return old firm license with this form. (A copy of your license should be retained until you receive your new original.)

- 8) Zoning letter from the proper County or Municipal Authority must be attached. If not required, a letter from the County or Municipal Government is to be attached stating not required.
- 9) Does the firm understand that it is fully liable for all professional actions of affiliates and brokers licensed and affiliated with the Principal Broker of the branch or firm? \_\_\_\_\_(Yes or No)

**AFFIDAVIT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, the undersigned Principal Broker, after being duly sworn, deposes and says he is the applicant above named or is a member of the partnership, or an officer of the corporation in behalf of which the above application is made hereby swear or affirm that the statements are true in the foregoing application that is made for the purpose of inducing the issuance of the license requested and that the above contains the names of all affiliates, brokers, rental agents, or resident managers associated with me and that I will be fully responsible for collecting all license fees, renewals, and changes of name or address and remitting them to the Offices of the Tennessee real Estate Commission as well as reporting change of status, transfers, retirements, and that I believe that the foregoing application and the answers thereon noted, that such answers, are true to the best of his knowledge except as to the matter therein stated to be alleged upon information and belief and that as to such matter he believes it to be true, and that he personally attached his signature to this affidavit.

\_\_\_\_\_  
Signature of Applicant

Sworn and subscribed to before me.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

If Corporation or L.L.C., attach a copy of Letter of Good Standing From Secretary of State.