



Real Estate Agency
 1177 Center Street NE
 Salem OR 97301-2505
 Phone: 503-378-4170
 Fax: 503-378-3256
 www.rea.state.or.us
 orea.info@state.or.us

TRANSFER LICENSE FORM

Rev. 1/2010

Agency Use Only	
	Effective: _____
	Expires: _____
	QC <input type="checkbox"/>
Date Stamp _____	

Transfer License Fee \$10

INSTRUCTIONS

1. A transfer is when you change from one company to another and your license is currently active, or has been inactive for 30 days or less (by the date this form is received at the Agency).
2. Once completed, you may mail or fax this form to the Agency. We do not accept forms by email.
3. "Personal Mailing Address" is where all mail to the licensee will be sent and is public information. A PO Box or office address may be used.
4. You will be transferred to the new company with the same license category you currently hold (e.g. broker, principal broker, etc). To change license category at no additional fee with this transfer, you must submit a Change License Category Form with this License Transfer Form.
5. To make a personal name change at no additional fee with this transfer, you must submit the Personal Name Change Form with this License Transfer Form.
6. The transfer will be effective upon actual receipt by the Agency of the completed form and fee. However, it may take up to two weeks before the change will show in our database and the license is sent out in the mail.

[Reference ORS 696.022, 696.270; OAR 863-014-0030, 863-014-0063, 863-014-0065, 863-024-0030, 863-024-0063, 863-024-0065]

TRANSFERRING LICENSEE

By completing this section and signing below, I am requesting this transfer and certify the following information is correct:

If my license is currently ACTIVE, I have provided written notification to my current principal broker (listed to the right) that I am transferring my license to a different company. The written notification was done prior to submitting this transfer request to the Agency.	NAME of current Principal Broker notification was provided to (name of person, not the company):	Date of Written Notification
	<input type="checkbox"/> My license is currently INACTIVE, therefore this requirement does not apply.	

Legal Name of Licensee (please print clearly)	License #	Daytime Phone Number
Personal Mailing Address	City	State & Zip Code
Signature of Transferring Licensee	Date	E-mail Address (please print clearly)

AUTHORIZATION TO TRANSFER

The "authorized licensee" means a licensee who has authority over the use of a Registered Business Name (RBN). This would normally be the Principal Broker or Property Manager that registered the business name with the Real Estate Agency.

By signing below, I certify that I have the authority to approve this transfer and I authorize the licensee above to transfer their license to the following Registered Business Name (RBN):

Registered Business Name (RBN)	Real Estate Agency RBN ID #	
Main Office Street Address (must be in Oregon unless reciprocal)	City	State & Zip Code
Name of Authorized Licensee (please print clearly)	License #	Daytime Phone Number
Signature of Authorized Licensee	Date	E-mail Address (please print clearly)

PAYMENT

Payment may be made by check or money order payable to the **Real Estate Agency** or by credit card (VISA or MasterCard). Do not mail cash.

<input type="checkbox"/> VISA	Credit Card Number	Expiration Date (month/year)
<input type="checkbox"/> Master Card		

Credit Card Billing Address	City, State, Zip	Signature Authorizing Credit Card Charge
-----------------------------	------------------	--

License Transfer Fee \$10