

**STATE OF WEST VIRGINIA  
REAL ESTATE COMMISSION**  
300 CAPITOL STREET, SUITE 400  
CHARLESTON, WV 25301  
(304) 558-3555  
FAX (304) 558-6442  
<https://rec.wv.gov>

**CHANGE OF EMPLOYING BROKER  
\$20.00 FEE REQUIRED**

<b>License Type</b>  _____ Salesperson _____ Associate Broker	<i>IF YOU HAVE BEEN INACTIVE BEFORE JUNE 30<sup>th</sup> OF THE PREVIOUS FISCAL YEAR, YOU MUST ATTACH AN ORIGINAL CERTIFICATE OF COMPLETION OF 7 HOURS CONTINUING EDUCATION IN COURSES APPROVED BY THE COMMISSION.</i>
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**APPLICANT**

I hereby request to have my license reissued with the undersigned broker in section III, whose employ I will be entering.

I. Applicant's Name \_\_\_\_\_ License No. \_\_\_\_\_  
Phone No. \_\_\_\_\_ E-Mail \_\_\_\_\_  
Mailing Address \_\_\_\_\_

I have informed my current employing Broker in writing, of my intention to terminate employment, to be effective on \_\_\_\_\_, 20\_\_\_\_.

I certify the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

State of \_\_\_\_\_  
County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_ (Date) by \_\_\_\_\_

\_\_\_\_\_  
Notarial Officer

\_\_\_\_\_  
Title of Office

Notary Stamp

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**CURRENT BROKER**

II. This is to certify that above named applicant has provided written notice of their intention to terminate employment on the above date.

Current Broker Name \_\_\_\_\_

Current Company Name \_\_\_\_\_

Current Business Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Company No. (listed on Broker License) \_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_

\_\_\_\_\_  
Current Broker Signature

Signed or attested before me on \_\_\_\_\_ (Date) by \_\_\_\_\_

\_\_\_\_\_  
Notarial Officer

Notary Stamp

\_\_\_\_\_  
Title of Office

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**NEW BROKER**

III. This is to certify that I am the employing broker, of the above-named applicant.

New Broker Name \_\_\_\_\_ E-Mail \_\_\_\_\_

New Company Name \_\_\_\_\_

New Business Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Company No. (listed on Broker License) \_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_

\_\_\_\_\_  
New Employing Broker's Signature

Signed or attested before me on \_\_\_\_\_ (Date) by \_\_\_\_\_

\_\_\_\_\_  
Notarial Officer

Notary Stamp

\_\_\_\_\_  
Title of Office