



CHANGE IN REAL ESTATE BROKERAGE AFFILIATION

Please submit the following documents with this request:		
<ul style="list-style-type: none">• Certificate of Errors and Omissions Insurance		
REAL ESTATE BROKER OR SALESPERSON		
Name:		License No:
Phone Number:	Email Address:	
CURRENT EMPLOYING AGENCY		
Current Agency Name:		
Current Agency Address:		
City:	State:	Zip Code:
NEW EMPLOYING AGENCY		
New Agency Name:		Phone Number:
New Agency Address:		
City:	State:	Zip Code:
Will you be the Principal Broker of the Agency listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Principal Broker Name:		RI License No.:
STATEMENT OF EMPLOYING BROKER		
<p>I, _____ being a licensed real estate broker in the State of Rhode Island <i>Principal Broker (Print)</i> certify that the above-named applicant will be associated/employed by this agency. When the employment is dissolved, I will inform the Department in writing within ten (10) days of the licensee's disaffiliation.</p>		
_____ Principal Broker Signature		_____ Date of Signature (MM/DD/YY)