



State of Rhode Island  
Department of Business Regulation  
Division of Commercial Licensing  
Real Estate Section  
1511 Pontiac Ave, Bldg. 69-1  
Cranston, RI 02920

**CHANGE IN REAL ESTATE BROKERAGE AFFILIATION**  
**(Transfer of License)**

<b>Please submit the following documents with this request:</b>		
<ul style="list-style-type: none"><li>• Certificate of Errors and Omissions Insurance</li><li>• A \$25 check or money order, made payable to the "Rhode Island General Treasurer"</li></ul>		
<b>REAL ESTATE BROKER OR SALESPERSON</b>		
Name:	License No:	
Phone Number:	Email Address:	
<b>CURRENT EMPLOYING AGENCY</b>		
Current Agency Name:		
Agency Address:		
City:	State:	Zip Code:
<b>NEW EMPLOYING AGENCY</b>		
Agency Name:	Phone Number:	
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.:	
<b>STATEMENT OF EMPLOYING BROKER</b>		
<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)