



STATE OF IOWA

GOVERNOR
KIM REYNOLDS
LT. GOVERNOR
ADAM GREGG

IOWA DIVISION OF BANKING
PROFESSIONAL LICENSING & REGULATION

JEFF PLAGGE
SUPERINTENDENT

CHANGE OF FIRM ADDRESS AND/CONTACT INFORMATION

Use this form only for a firm that is currently licensed in Iowa.

Provide the information below:

| |
|----------------------|
| Firm License Number: |
| Firm Name: |
| Street: |
| City: |
| State: |
| Zip: |
| Phone: |
| E-mail: |

CHANGE OF FIRM NAME

To change the name of the firm you must provide this form along with a copy of the certified amended filing, registered with the Secretary of State’s office. You may email, mail, or fax these documents to the Iowa Real Estate Commission.

| |
|----------------------------------|
| Firm License Number: |
| Firm Name as Currently Licensed: |
| New Firm Name : |