



**State of New Jersey**  
 DEPARTMENT OF BANKING AND INSURANCE  
 REAL ESTATE COMMISSION  
 PO Box 474  
 TRENTON, NJ 08625-0474

TEL (609) 292-7272  
 FAX (609) 292-0944

**CHANGE OF ADDRESS**

Name of Firm \_\_\_\_\_ Telephone \_\_\_\_\_

New Address \_\_\_\_\_  
 (For Multi-Office Buildings include Suite or Room Number)

Email Address \_\_\_\_\_

County \_\_\_\_\_ Effective date of new address \_\_\_\_\_

Is this location a private residence? Yes \_\_\_\_\_ No \_\_\_\_\_

(If answered yes, please submit a letter that you are familiar with N.J.A.C. 11:5-4.4(b) and your office is in compliance with this rule.)

Do you share an office with another broker or firm? Yes \_\_\_\_\_ No \_\_\_\_\_

(If answered yes, please submit a letter from the lease holder/owner stating that you have permission to use said address and that you maintain your own files and telephone.)

Escrow/Trust Acct. # \_\_\_\_\_ Bank Name \_\_\_\_\_

Gen. Business Acct. # \_\_\_\_\_ Bank Name \_\_\_\_\_

**MAKE CHECK PAYABLE TO: STATE TREASURER OF NEW JERSEY IN THE AMOUNT OF \$50.00 (BROKER'S BUSINESS CHECK, CERTIFIED CHECK OR MONEY ORDER ONLY).**

**BROKERS WITH TRADE NAME OR PARTNERSHIPS: A NEW TRADE NAME CERTIFICATE MUST BE FILED IN THE COUNTY THAT YOU ARE DOING BUSINESS. CERTIFICATE MUST ACCOMPANY THIS FORM. (NOT APPLICABLE TO CORPORATIONS AND LLC.)**

**VERY IMPORTANT - OUT OF STATE BROKERS: PLEASE SUBMIT A LICENSE CERTIFICATION FROM THE LICENSING AUTHORITY IN YOUR HOME STATE REFLECTING NEW BUSINESS ADDRESS OR COPY OF CURRENT LICENSE(S).**

Broker's signature \_\_\_\_\_

Date \_\_\_\_\_