



# APPLICATION TO AMEND REAL ESTATE LICENSE: TRANSFER TO NEW FIRM / ACTIVATE INACTIVE LICENSE

Subject to verification of compliance with errors and omissions (E&O) insurance requirements, this application will become effective within approximately 5 to 10 days of receipt of the properly completed form and fee by the Colorado Division of Real Estate.

**THIS FORM MUST BE SIGNED BY BOTH APPLYING LICENSEE AND EMPLOYING BROKER**

**RETURN TO:**  
Division of Real Estate  
1560 Broadway, Suite 925  
Denver, CO 80202  
Phone: 303-894-2166

**APPLICATION FEE: \$50.00**  
Make check payable to C.R.E.C.  
or Colorado Real Estate Commission  
(Fees are non-refundable)

Every active licensee must maintain E&O insurance pursuant to 12-61-103.6 C.R.S. and Rule D-14. Licensees can meet this requirement by enrolling in the Real Estate Commission's coverage plan or by obtaining independent coverage. If the Commission cannot verify E&O coverage within five days of application date, this application will be cancelled. Please check the appropriate box below:

- am insured with Rice Insurance Services Company, L.L.C., the Commission's carrier, which will provide electronic verification of my E&O insurance coverage directly to the Commission. (Enrollment forms are available from Rice Insurance (1-800-637-7319) and on the Division's website, [www.dora.state.co.us/real-estate](http://www.dora.state.co.us/real-estate)).
- am insured with \_\_\_\_\_, an independent insurance carrier, which is providing E&O insurance coverage and have included [Commission Form REC-E&O 01/05](#), Certification of Colorado Real Estate Errors and Omissions Independent Coverage, with this application.

### TO BE COMPLETED BY LICENSEE

Name of Applicant \_\_\_\_\_  
(Last) (First) (Middle) (Former/Maiden)

Real Estate License No. \_\_\_\_\_ License Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

Residence Address \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

Mailing Address (P.O. Box number is not acceptable in place of a physical street address, but please check here  if that is your only option to receive mail.) \_\_\_\_\_  
(P.O. Box Number) (City) (State) (Zip Code)

Residence Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Please issue my license as indicated. I declare under penalty of perjury that I have complied with the continuing education requirements listed in 12-61-110.5(1) (c) and have complied with the E&O insurance requirements of 12-61-103.6 C.R.S. and Rule D-14.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

### TO BE COMPLETED BY EMPLOYING BROKER

Employing Broker Name \_\_\_\_\_  
(Last) (First) (Middle) (Employer License #)

Entity Name \_\_\_\_\_ Entity License # \_\_\_\_\_

Entity Address \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

Business Phone ( ) \_\_\_\_\_

I am currently an active, licensed employing real estate broker by whom the applicant is to be employed. I have verified that the above-named applicant has current E&O insurance. (NOTE: A policy of E&O insurance coverage is required for the employing broker as well as a separate policy for the company if the company is a corporation, partnership or L.L.C.) I certify that, pursuant to Rules E-29, E-30, E-31 and E-32, I have informed this applicant of the written office policy and will properly supervise this employee during the period of employment with me.

**Employing Broker's Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Forms, applications and information about any licensee's status are available on the Division of Real Estate's internet home page:  
[www.dora.state.co.us/real-estate](http://www.dora.state.co.us/real-estate)

REC-TF (05/10)