



IREC use only

Approved: _____

NOTICE OF PROVIDER CHANGE

This form is required for any change in provider ownership, provider name, or name of director (individual in charge). A change must be submitted at least one (1) month in advance of the effective date of the proposed change (Idaho Code 54-2027(9)).

For a change in director, the individual in charge must have attended a commission-approved provider training within the two (2) years immediately preceding the designation (Idaho Code 54-2026(2)(b)(iii)).

INCOMPLETE FORMS WILL BE IMMEDIATELY RETURNED WITHOUT PROCESSING.

Current Name of Provider for which Change is Requested:

Name as it was initially certified

Provider Director Name

Provider is a (choose one):

Corporation Limited Liability Company Limited Partnership Limited Liability Partnership

1. Change of Provider Director (individual in charge) Date of Provider Training (required): _____

Full Legal Name of Provider Director (full legal name must exact match legal ID)

Social Security Number (required)

Date of Birth

Physical address of Provider

City

State

Zip

Mailing address of Provider (if different from above)

City

State

Zip

Phone

Fax

Email

Website

Have you ever had a real estate license or other professional license suspended or revoked for disciplinary reasons or been refused a renewal of a license issued by any state or jurisdiction?

NO YES (attach explanation and copy of final order/judgment)

Have you ever been convicted, issued any fine, placed on probation, received a withheld judgment, or completed any sentence of confinement for or on account of any felony or misdemeanor involving fraud, misrepresentation, or dishonest or dishonorable dealings in a court of proper jurisdiction? ("Convicted" means a plea of *nolo contendere* or guilty, a jury verdict of guilty or a court decision of guilt, whether or not a judgment or sentence has been imposed, withheld, or suspended.)

NO YES (attach explanation and copy of final order/judgment)

2. Change of Provider Name - If you have changed the type of business entity of the school (i.e., Corporation to LLC), do not use this form. You must submit a new Provider Application (REE-37).

Name of Provider or DBA filed with the Idaho Secretary of State (must include a file-stamped copy of the certificate)

CHECKLIST	REQUIRED ATTACHMENTS	IREC USE ONLY
	Copy of Provider Director's Legal ID for change of provider director	
	Authorization to do business in Idaho and/or certificate of assumed business name issued by the Idaho Secretary of State, for change of provider name	

I hereby appoint the Executive Director of the Idaho Real Estate Commission to act as my agent upon whom all judicial and other process or legal notices directed to me may be served. I hereby consent that any lawful process against me which is served upon the Executive Director shall be of the same legal force and validity as if served upon me and that this authority shall continue in force so long as any liability remains outstanding in the state of Idaho.

I acknowledge it is my responsibility to provide written notice to the Idaho Real Estate Commission of any change of my personal name, address of personal residence, or personal telephone number within ten (10) days of the change.

New Provider Director Signature

NOTARY IS REQUIRED

State of _____)
 _____) ss.
 County of _____)

Signed (or attested) before me on _____ by _____
Date Name of Individual (applicant)

Signature of Notary

notary seal

My Commission Expires