



STATE OF MINNESOTA
 DEPARTMENT OF COMMERCE
 LICENSING DIVISION
 85 7th PLACE EAST, SUITE 500
 ST. PAUL, MINNESOTA 55101
 (651) 539-1599

**REAL ESTATE REQUEST TO
 CHANGE PRIMARY BROKER
 M.S. §82**

Licensees are required to notify the Commerce Department in writing of any company change within ten days of the change.

INSTRUCTIONS

This form is used to change the Primary Broker that is responsible for the listed Real Estate Company and the agents.

- Submit this completed form to the MN Commerce Licensing Division by e-mail to: licensing.commerce@state.mn.us or by mail to Minnesota Department of Commerce, 85 7th Place East, St. Paul, MN 55101. Please make your inquiry attention to: Real Estate Processing
- The new primary broker must be an owner or elected officer of the company listed below.
- The new primary broker must already be licensed as a real estate broker.
- If the ownership is chaining, please complete the: "Disclosure of Owners, Officers, and Partners Form."

COMPANY INFORMATION

Company Name	License #

CURRENT PRIMARY BROKER:

1. This individual will no longer act as the primary broker for the company listed above. Please include the following: Legal name of the existing primary broker, broker license number, and the officer title.
2. Will this individual remain with the company after the primary broker has changed? (YES or NO)

Name	License #	Officer Title

NEW PRIMARY BROKER:

1. This individual will be taking over as the Primary Broker for the Real Estate Company that is listed above and will comply with the responsibilities that are required for a primary broker per Minnesota Statute §82.
2. Please include the following: Legal name of the new primary broker, broker license number, and the officer's title.

Name	License #	Officer Title

BROKER'S CERTIFICATION & SIGNATURES:

I certify that all the information that is provided on this form is true and complete, and this form has not been altered in any way from the form approved by the commissioner.

NEW PRIMARY BROKER: _____ DATE: _____

FORMER PRIMARY BROKER: _____ DATE: _____

DISCLOSURE OF COMPANY OWNERS, PARTNERS, OFFICERS

NAME OF COMPANY: _____

An applicant for a Company license must provide the following information:

- **Individual Proprietor:** Provide the name and address of the Owner.
- **Partnership:** Provide the name and address of all General Partners and Limited Partners.
- **Corporation, LLC, Trust, Other:** Provide the name and address of all elected Officers, Directors, Governors, Members, Shareholders owning 10% or more of company stock, and any Employees with authority to exercise control in policy or management of the company.

If any owner or partner is also business entity, you must complete this form to disclose the owners/partners/officers/shareholders of that business entity as well.

Name							
Address	City State Zip						
Title (check one) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> 100% Owner</td> <td style="width: 50%; border: none;"><input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Elected Officer (title: _____)</td> <td style="border: none;"><input type="checkbox"/> Director <input type="checkbox"/> LLC Governor/Member</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Shareholder (Percentage of Ownership: _____%)</td> <td style="border: none;"><input type="checkbox"/> Manager/Employee with controlling authority</td> </tr> </table>		<input type="checkbox"/> 100% Owner	<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	<input type="checkbox"/> Elected Officer (title: _____)	<input type="checkbox"/> Director <input type="checkbox"/> LLC Governor/Member	<input type="checkbox"/> Shareholder (Percentage of Ownership: _____%)	<input type="checkbox"/> Manager/Employee with controlling authority
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_____ Signature of Owner/Partner/Officer	_____ Title	_____ Date
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