



KANSAS REAL ESTATE COMMISSION

Three Townsite Plaza
120 SE 6th Avenue, Suite 200
Topeka, Kansas 66603-3511
www.krec.ks.gov krec@ks.gov
Phone: 785-296-3411 Fax: 785-296-1771

**SUPERVISING/BRANCH
BROKER CHANGE FORM**

Form No. REC-450

Company Name		Company Number	Franchise Name (if applicable)	
Address				
City	State	Zip	County	
Company Email Address		Company Phone		

TERMINATING BROKER Name	License Number
Status (check one)	Action Required
<input type="checkbox"/> I will now be an associate broker with this Company	Fee \$7.50
<input type="checkbox"/> I will no longer be affiliated with this Company but will continue with my other affiliated Company	Complete and submit a Remove Additional Affiliation Form (REL-330), your license, and this Form
<input type="checkbox"/> I am transferring to a new company	Complete and submit a Transfer Form (REL-300), \$15 fee, your license, and this Form
<input type="checkbox"/> I am placing my license on inactive status	Complete and submit a License Status Change Form (REL-310), your license, and this Form
<input type="checkbox"/> My license expires within 10 weeks and I will not renew	Choose option 1 to be an associate broker until the license expires or complete and submit this Form with the License Status Change Form (REL-310) for deactivation of your license until it expires
<input type="checkbox"/> My license is suspended or revoked	Return your wall license marked "cancelled" to KREC with this Form
<input type="checkbox"/> Licensee is deceased	Submit the obituary or copy of the death certificate with this Form

NOTE: If the terminating broker had a trust account that the new broker does not wish to maintain, the terminating broker must include the attached **Report on Closing Trust Account**.

I certify that I will no longer act as supervising/branch broker for the above named company or branch office.

SIGNATURE _____

DATE _____

NEW SUPERVISING/BRANCH BROKER Name	License Number
Status (check one)	Action Required
<input type="checkbox"/> I am currently an associate broker with this Company	Fee \$7.50
<input type="checkbox"/> I am affiliating with this Company	Complete and submit an Add Additional Affiliation Form (REL-330), the \$10 fee, and this Form
<input type="checkbox"/> I am transferring to this Company	Complete and submit a Transfer Form (REL-300), \$15 fee, your license, and this Form
<input type="checkbox"/> I am reactivating my inactive license	Complete and submit a Licensee Status Change Form (REL-310), \$15 fee, and this Form

Will you maintain a trust account? NO I WILL USE A 3RD PARTY OR OTHER _____
 YES If yes, complete and return the attached **Trust Account Form**.

I accept the responsibilities of supervising the above named company or branch office.

SIGNATURE _____

DATE _____

COMMISSION USE ONLY			
Initials: _____	Date Entered: _____	Fee: \$ _____	Deposit Date: _____

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Changes are effective on the date processed by KREC. Please allow at least three business days for processing. To verify the change of broker has been made, go to www.krec.ks.gov and click on "Company Search."

CREDIT CARD PAYMENT INFORMATION

Fees are \$7.50 to change to an associate broker, \$7.50 to change to a supervising/branch broker, \$10 to add an additional affiliation, or \$15 to transfer or reactivate a license. There is no fee for deactivation or removal of an additional affiliation.

Alternatively, payment may be made by check or money order payable to KREC.

Licensee Name:	Card Holder: (if different than licensee)	Email Address: (optional/for electronic receipt)
Card Number:	Expiration Date:	Zip Code:
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		

Submit to the Kansas Real Estate Commission by:

Email: krec@ks.gov

or

Fax: 785-296-1771

After processing your payment, this document will be shredded.

If you prefer to provide your credit card information by phone, call 785-296-3411.

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TRUST ACCOUNT FORM

Broker Name	Broker License Number	
Company Name	Franchise Name (if applicable)	Company Number

Trust Account Name (Account must include the words "Trust Account")		Account Number	
Bank, Saving and Loan Association, or Credit Union Name			
Street Address			
City	State	Zip	County
Phone	Email (if known)	Website (if known)	

SUPERVISING/BRANCH BROKER CERTIFICATION **Trust Account Form - Consent to Audit**

New Broker – Sign below if you are opening an account or continuing an existing account.

I hereby authorize the aforementioned bank, savings and loan association or credit union to allow any representative of the Kansas Real Estate Commission to examine the aforementioned account at any time and to obtain any copies of any records or information therefrom.

SIGNATURE - NEW BROKER_____
DATE SIGNED **Report on Closing Trust Account**

Terminating Broker – Sign below if the new broker is not continuing the account you opened.

If there are funds in the account which you are unable to disburse, contact KREC before closing the account and submitting this form. If the funds have been in the account for five or more years, they may qualify for disbursement to the real estate recovery fund [K.S.A. 58-3061(i)]. You may send copies of contracts and any other documentation which reflects the date such funds were deposited, along with any information pertaining to efforts to disburse the funds. After review of the documentation, you will be notified whether or not the money can be disbursed to the recovery fund.

I hereby notify KREC that the aforementioned trust account has been closed.

SIGNATURE - TERMINATING BROKER_____
DATE SIGNED

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Corporation, Partnership, LLC, LLP or PA Report**INSTRUCTIONS****Complete and attach this Report if your company is a Corporation, Partnership, LLC, LLP or PA.**

In the area provided, list all officers of the corporation or members of the partnership, LLC or professional association, the office held by each (or designate as partner/member), and their Kansas real estate license number, if licensed.

If the officer/partner/member is not licensed in Kansas, check "Unlicensed."

CORPORATION PARTNERSHIP LLC LLP PA

COMPANY NAME: _____

COMPANY NUMBER: _____

Name of Officer/Partner/Member	Title	KREC License #	Unlicensed
			<input type="checkbox"/>

SIGNATURE - NEW SUPERVISING OR BRANCH BROKER_____
DATE SIGNED_____
PRINTED NAME - NEW SUPERVISING OR BRANCH BROKER