



LICENSEE NAME CHANGE | REL-100

This is a fillable form

License Number	Licensee Name as shown on license	
New Name	New Expiration Date (see chart below)	Old Expiration Date

First Letter of Last Name:

- "B"
- "C"
- "D" and "E"
- "F" and "G"
- "H"
- "I," "J," "K" and "L"
- "M"
- "N," "O" and "P"
- "Q" and "R"
- "S"
- "T," "U" and "V"
- "W," "X," "Y," "Z" and "A"

Expiration Date:

- December 31 of each even-numbered year
- February 28 of each odd-numbered year
- April 30 of each odd-numbered year
- June 30 of each odd-numbered year
- August 31 of each odd-numbered year
- October 31 of each odd-numbered year
- December 31 of each odd-numbered year
- February 28 of each even-numbered year
- April 30 of each even-numbered year
- June 30 of each even-numbered year
- August 31 of each even-numbered year
- October 31 of each even-numbered year

- Enclosed is my original wall license. Alternatively, enclosed is a copy of my original wall license which has been marked "Cancelled" signed and dated by my Supervising/Branch Broker.
- Enclosed is my fee for the number of months my expiration date is *extended* at \$5 per month for Salespersons or \$7 per month for Brokers. If the new expiration date is *sooner* than the old expiration date, a prorated refund will be issued. A fee is not required if the expiration date hasn't changed.
- To change your contact information, log in to your account at www.krec.ks.gov.

LICENSEE SIGNATURE

SIGNATURE

DATE SIGNED

KREC USE ONLY		
Date Entered: _____	Fee: \$ _____	Initials: _____



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For name changes resulting in an *extension* of the license expiration date

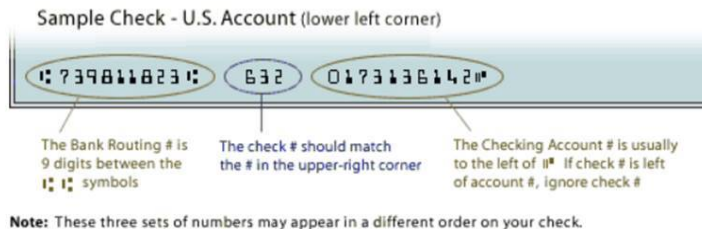
\$5.00 per month for Salespersons, or \$7.00 per month for Brokers

Option 1: CREDIT CARD PAYMENT INFORMATION

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

Option 2: ELECTRONIC CHECK PAYMENT INFORMATION

Account Holder Name:	Email Address: (optional for electronic receipt)	
Transaction Type:	Account Type:	Check Number:
<input type="checkbox"/> Personal <input type="checkbox"/> Business	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Account Number:	Routing Number:	



Submit to the Kansas Real Estate Commission by:

Email: krec@ks.gov
Fax: 785-296-1771

After processing your payment, this document will be shredded.

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