



LICENSEE NAME OR CONTACT CHANGE | REL-100

LICENSEE INFORMATION

This form is fillable online

License Number

Licensee Name as shown on license

CHANGE MY NAME

New Name, New Expiration Date (see chart attached, if changing last name), Old Expiration Date

- 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.

CHANGE MY RESIDENCE ADDRESS

Address line 1, Address line 2, City, State, Zip, County

CHANGE MY EMAIL ADDRESS TO: OR I no longer maintain an email address

Email address input field

PHONE NUMBERS

Change my residence phone to: OR I no longer maintain a residence phone

Residence phone input field

Change my cell phone to:

Cell phone input field

Change my business phone to:

Business phone input field

Change my business fax to:

Business fax input field

LICENSEE SIGNATURE

SIGNATURE

DATE SIGNED

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



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LICENSE EXPIRATION DATES

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

CREDIT CARD PAYMENT INFORMATION

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, plus a nominal credit card processing fee

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.