



TRANSFER FORM | REL-300

INSTRUCTIONS

Complete this form to transfer your license from one company to another, from one branch to another, from a main office to a branch, or from a branch to a main office.

If you are a broker and the company you are transferring to is a new company or you are re-opening a closed company, you must enclose the Open Company or Branch Office form (REC-430) and \$25.00 Open Office fee.

SIGNATURES

The licensee, the terminating broker and the new broker must all sign the Transfer form. The form may be emailed or faxed to/from the licensee and brokers for signature.

If you are affiliated with multiple offices, additional signatures are required. All supervising brokers and branch brokers are required to acknowledge (by signature) any transfer or new/discontinued affiliation. Attach copies of the transfer form for additional signatures.

LICENSE and \$15.00 FEE

For faster processing, the terminating broker may write "cancelled" across the face of the original Kansas real estate license and add his/her name, signature and date. The cancelled license may be scanned and emailed to [krec@ks.gov](mailto:krec@ks.gov) or faxed to 785-296-1771 with this Transfer Form and the attached credit card/electronic check form or the licensee may call the Commission with their payment information.

Alternatively, the original Kansas real estate license and a \$15 check or money order made payable to KREC may be mailed along with the completed Transfer Form to the Commission address above.

PROCESSING

You may not perform activities requiring a Kansas license until your transfer is effective with KREC. To check whether your company affiliation has been updated, click on "Licensee Search" at [www.krec.ks.gov](http://www.krec.ks.gov). **Incomplete requests will delay processing.**

Processing may also be delayed if the licensee holds a license that is **Restricted** to the terminating broker. If so, the licensee must provide a copy of the Restriction Order to the proposed new broker. The new broker must include a written notice to the Commission that the Order has been read and that he/she is willing to supervise the licensee on a Restricted basis.

CHECKLIST

- Licensee's Kansas real estate license
- \$15.00 Transfer fee
- Transfer form including:
  - Licensee signature
  - New Supervising or Branch Broker signature
  - Terminating Broker signature

If you are a broker and opening a new company or re-opening a closed company:

- Open Company or Branch Office form (REC-430)
- \$25.00 Open Office fee



**TRANSFER FORM | REL-300**

THIS IS A FILLABLE FORM

LICENSEE INFORMATION:			
LICENSEE NAME		LICENSE NUMBER	
TRANSFER FROM:			
TERMINATING COMPANY NAME		TERMINATING COMPANY NUMBER	
TRANSFER TO:			
NEW COMPANY NAME		NEW COMPANY NUMBER (OMIT AND WRITE "NEW" IF NEW COMPANY)	
ADDRESS LINE 1		NEW BROKER LICENSE NUMBER	
ADDRESS LINE 2			
CITY	STATE	ZIP	COUNTY

If you (the licensee) wish to update your email or business phone, please check the appropriate box and provide updated information.

Change my EMAIL to:

Change my BUSINESS PHONE to:

To change your residence address or other contact information, submit the Licensee Name or Contact Change Form (REL-100).

**LICENSEE CERTIFICATION**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

**TERMINATING BROKER CERTIFICATION**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

**NEW SUPERVISING/BRANCH BROKER CERTIFICATION**

*I accept responsibility for the actions of the above named licensee and give consent for the licensee to be affiliated with my company.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

NOTE: If the licensee is affiliated with multiple offices, additional signatures are required. All supervising brokers and branch brokers are required to acknowledge (by signature) any transfer or new/discontinued affiliations. Attach copies of this form for additional signatures.

Initials: _____	<b>COMMISSION USE ONLY</b>	
Date Entered: _____	Fee: <u>\$15.00</u>	Deposit Date: _____



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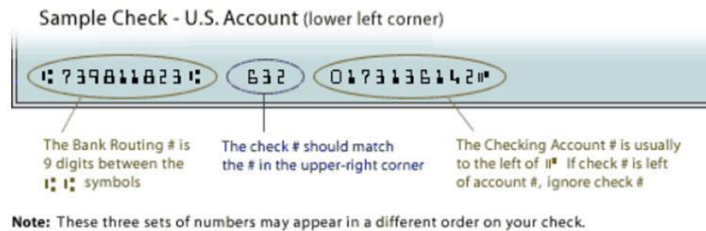
\$15 transfer fee

**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](mailto: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.