



STATE OF TENNESSEE  
 DEPARTMENT OF COMMERCE AND INSURANCE  
 TENNESSEE REAL ESTATE COMMISSION  
 500 JAMES ROBERTSON PARKWAY  
 NASHVILLE, TENNESSEE 37243-1151  
 (615) 741-2273 or (800) 342-4031  
 www.tn.gov/commerce

# T.R.E.C. Form 1.

REVISED 07/15/16

Do not write or mark in the space below.

## TRANSFER, RELEASE AND CHANGE OF STATUS FORM

Check appropriate box (es) and complete all required lines of information. Remit appropriate fee for each box checked.

Amount remitted \$ 25

- A. Transfer to new firm (1 thru 8) **\$25.00**
- B. Change of licensee name with **PROOF** (1,2,3, & 7) **\$10.00**
- C. Change of status to **ACTIVE** (1, 3, 4, 6, 7&8) **\$25.00**
- D. Change of status to **RETIRED**(1,5,7,& 8) **\$25.00**  
(Licensee must continue to pay renewal fee when due, TCA 62-13-318)
- E. Request duplicate of lost license (1,2,5,& 7) **\$10.00**
- F. **Designate** firm's principal broker (1, 2, 5, 6) **\$25.00**
- G. **Remove** Principal Broker designation (1, 2, 5, 7) **NO CHARGE**
- H. **Add** Principal Broker to Additional Firm (1 thru 7) **\$25.00**
- I. Principal Broker **RELEASE** of affiliated licensee (1, 2, & 5) **NO CHARGE**, Licensee will be placed in problem status, SEE additional information on page 2 of this form.

I request T.R.E.C. process as indicated above

Licensee's Name	Home Phone Number	E-Mail Address	License/File ID Number
1.			
Current Firm Name	Firm Phone Number	E-Mail Address	Current Firm File ID Number
2. CURB	888-279-4230	broker@CURB.estate	335684
New Firm/Licensee Name	New Firm Phone Number	E-Mail Address	New Firm File ID Number
3. CURB Side	888-279-4230	broker@CURB.estate	264741
New Firm Street Address			
4.(a) 11205 Lebanon Rd			
City	State	Zip Code	
Mt Juliet	TN	37122	
Firm Mailing Address (P.O. Box only)	City	State	Zip Code
4.(b) 11205 Lebanon Rd	Mt Juliet	TN	37122

### ORIGINAL SIGNATURES ONLY. PROVIDE ALL INFORMATION AND DATES

5. Current or Releasing Principal Broker's Signature	PB License (File I.D.) Number	Date of Change or Release
<i>RS</i>	335684	
6. New Principal Broker's Signature	PB License (File I.D.) Number	Date
<i>RS</i>	264741	
7. Licensee's Signature	Date	
8. Licensee's Home Mailing Address		
City	State	Zip Code

PLEASE READ REVERSE OF THIS FORM FOR IMPORTANT INFORMATION AND INSTRUCTIONS

If this form does not have the information printed on the reverse, you can obtain a copy of both sides by contacting the TREC office or web site at: www.tn.gov/commerce. IN0857 (Rev. 05/2016)

### Instructions and Information

All parties are responsible for their own copies of this form. Principal brokers should retain a copy for the firm's records. Change of address on firms must be accompanied by a zoning letter. This form cannot be used for reinstatement or renewal of license. Please contact the TREC office for proper forms.

Transferring or reactivating licensees who did not purchase TREC errors and omissions (E&O) insurance for the current licensing period, including licensees who have been covered by alternative coverage provided by the releasing firm, MUST provide proof of current valid coverage WITH THIS FORM. Contact the insurance vendor for STATE coverage or for alternative insurance provided by the firm, submit the certification of insurance (TREC form) with this form. Please discuss E&O insurance with the principal broker of the NEW firm prior to submitting. DO NOT send premiums to TREC for coverage. Premiums received in error will be processed as a refund. The license of the transferee is invalid until the completed transfer form and appropriate fee are transmitted to the Commission's office. Failure to do so within 10 days from the date of release from the present broker may subject the licensee to penalty from the Commission. **Complete each required line by providing ALL requested information on the entire line: INFORMATION REQUESTED MAY DIFFER SLIGHTLY DEPENDING ON THE TYPE OF CHANGE REQUESTED. THE DIFFERENT INFORMATION IS SPECIFIED BELOW.**

#### **A. Transfer to new firm: (1 thru 8) \$25.00**

Line 1: Name, home phone number, e-mail address and license/file I.D. number of licensee transferring license  
Line 2: Name, office phone number, e-mail address and firm file I.D. number of firm licensee is being released from  
Line 3: Name, office phone number e-mail address and firm file I.D. number of firm licensee is transferring to  
Line 4: Street address, city, state and zip code of the firm named on line 3  
Line 5: Signature, license/file I.D.# of the principal broker of the firm on line 2 and date  
Line 6: Signature, license/file I.D.# of the principal broker of the firm on line 3 and date  
Line 7: Signature and date of the licensee named on line 1  
Line 8: Home mailing address, city, state and zip code of the licensee named on line 1

NOTE: You must provide proof of E&O if you are leaving a firm with alternative insurance. See Instructions and Information above

#### **B. Change of licensee name: (1,2,3, & 7) \$10.00**

Line 1: Name of licensee changing name (the name TREC has on record) home phone number, e-mail address and license/file I.D. number of licensee changing name  
Line 2: Name, office phone number, e-mail address and firm file I.D. number of firm licensee is affiliated with  
Line 3: New name of licensee named on line 1(Attach verification, marriage license, court order) "nicknames" must be in quotations (" ")  
Line 7: Signature and date of licensee named on line 1&3

#### **C. Change of status to ACTIVE status: (1,3,4,6,7 & 8) \$25.00**

Line 1: Name, home phone number, e-mail address and license/file I.D. number of licensee requesting to be changed to active status  
Line 3: Name, office phone number, e-mail address and firm file I.D. number of firm licensee is requesting to be affiliated with  
Line 4: Street address, city, state and zip code of the firm named on line 3  
Line 6: Signature, license/file I.D.# of principal broker of firm named on line 3 and date  
Line 7: Signature and date of licensee named on line 1  
Line 8: Home mailing address, city, state and zip code of the licensee named on line 1  
NOTE: All active licensees must obtain errors and omissions insurance. (See instructions above)

#### **D. Change of status to RETIRED status: (1,5,7 & 8) \$25.00**

Line 1: Name, home phone number, e-mail address and license/file I.D. number of licensee requesting to be changed to retired status  
Line 2: Name, office phone number, e-mail address and firm file I.D. number of firm licensee is currently affiliated with  
Line 5: Signature, license/file I.D.# of principal broker of the firm named on line 2 and date  
Line 7: Signature and date of licensee named on line 1  
Line 8: Home mailing address, city, state and zip code of the licensee named on line 1

#### **E. Request duplicate of lost license: (1, 2, 5, & 7) \$10.00**

Line 1: Name of Licensee affiliated with a firm requesting a change of firm name, license/file I.D. number of licensee  
Line 2: Name, office phone number, e-mail address and firm file I.D. number of firm requesting a change of name  
Line 5: Signature, license/file I.D.# of principal broker of the firm named on line 2 and date  
Line 7: Signature and date of licensee named on line 1

#### **F. Designate Firm's Principal Broker (1, 2, 5, & 6) \$25.00 (Return form & license certificate to TREC)**

Line 1: Name, home phone number, e-mail address and license/file I.D. number of new principal broker  
Line 2: Name, office phone number, e-mail address and firm file I.D. number of firm requesting change of principal broker  
Line 5: Signature, license/file I.D.# of the resigning principal broker and date  
Line 6: Signature, license/file I.D.# of the new principal broker and date

#### **G. Remove Principal Broker Designation (1, 2, 5, 7) (Return form & license certificate to TREC)**

Line 1: Name, home phone number, e-mail address and license/file I.D. number of new principal broker  
Line 2: Name, office phone number, e-mail address and firm file I.D. number of firm requesting change of principal broker  
Line 5: Signature, license/file I.D.# of the resigning principal broker and date  
Line 7: Signature and date of licensee named on line 1

#### **H. Add Principal Broker to Additional Firms: (1 thru 7) \$25**

Line 1: Name, home phone number, e-mail address and license/file I.D. number of licensee transferring license  
Line 2: Name, office phone number, e-mail address and firm file I.D. number of firm licensee is being released from  
Line 3: Name, office phone number e-mail address and firm file I.D. number of firm licensee is transferring to  
Line 4: Street address, city, state and zip code of the firm named on line 3  
Line 5: Signature, license/file I.D.# of the principal broker of the firm on line 2 and date  
Line 6: Signature, license/file I.D.# of the principal broker of the firm on line 3 and date  
Line 7: Signature and date of the licensee named on line 1  
Line 8: Home mailing address, city, state and zip code of the licensee named on line 1

**I. Broker Release (1, 2, & 5)**

Line 1: Name, home phone number, e-mail address and license/file I.D. number of new principal broker

Line 2: Name, office phone number, e-mail address and firm file I.D. number of firm requesting change of principal broker

Line 5: Signature, license/file I.D.# of the resigning principal broker and date

**NOTE:** Licensee will be placed in problem status; Licensee can transfer to another firm or be placed in inactive or retired status.

Failure to file the appropriate completed form within ten (10) days of release constitutes a violation. Licensees will be required to pay any change of status fee due.