



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
REAL ESTATE COMMISSION

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

## REQUEST TO CHANGE BROKER TYPE INSTRUCTION SHEET

### When to File

- Complete this form if you need to change your Delaware Broker license to an Associate Broker or vice versa.
  - A **Broker** is primarily responsible for the day-to-day management and supervision of a brokerage organization [24 Del. C. § 2907\(d\)](#). This is commonly referred to as a “broker of record.”
  - An **Associate Broker** does **not** have primary responsibility for day-to-day management and supervision of a brokerage organization.
- If your Broker or Associate Broker license is in **inactive status** and you wish to resume practicing in Delaware, you must reactivate your license. However, if the inactive license is not the correct type based on the definitions above, you must file to change the type. Submit this form to change both the type and status. It is not necessary to file a [Request to Reactivate Real Estate License](#) form
- If your Broker or Associate Broker license is in *Lapsed-Must Reinstate status*, you must apply to reinstate it. Do not complete this form. Instead, submit the [Application for Reinstatement of a Real Estate License](#). You can check the status of your license at [Search & Verify Professional License](#).

### Requirements

- Submit a completed, signed and notarized [Request to Change Broker Type](#) form.
- If you are changing from a Broker to Associate Broker, arrange for the Broker of Record to sign the *Statement of Broker of Record* in the **OFFICE INFORMATION** section.
- Enclose [change broker type fee](#) by check or money order made payable to “State of Delaware.”
- If you will be working for an office outside Delaware, arrange for the Commission office to receive a current Certificate of Licensure History sent *directly* from the jurisdiction (state, U.S. territory or District of Columbia) where your office is located to the Commission office.
- If you are requesting reactivation as well as a change of type, enclose copies of completion certificates for the required amount of hours of continuing education (CE). Contact the Commission office for the amount required.
  - See Section 13.0 of the Commission’s [Rules and Regulations](#), available at <https://dpr.delaware.gov/>, for information on acceptable CE and mandatory requirements.
- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).  
*The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.



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## REQUEST TO CHANGE BROKER TYPE

### TYPE OF REQUEST

1. Check the situation that applies to you:

- I hold a current license as an Associate Broker, license number RA- \_\_\_\_\_, and wish to change it to Broker because I will be broker of record for an office.
- I hold a current license as a Broker, license number RB- \_\_\_\_\_, and wish to change it to Associate Broker because I will no longer be broker of record for an office.

2. My license is in (check one):  Active or Probation status  Inactive status

**If you checked inactive status, you must submit copies of completion certificates for the required amount of hours of continuing education (CE).**

### IDENTIFYING AND CONTACT INFORMATION

3. Full Name: \_\_\_\_\_  
Last/Family First Middle

4. Other Names Used: None  \_\_\_\_\_  
(Include maiden, prior married, alternate spellings)

5. Date of Birth (month/day/year): \_\_\_\_\_ Gender:  Male  Female

6. Have you been issued a U.S. Social Security Number? Yes  No  **If yes, enter your SSN:** \_\_\_\_\_  
**If no, you must file a [Request for Exemption from Social Security Number Requirement](#).**

7. Home Address: \_\_\_\_\_  
City State Zip

8. Phone: \_\_\_\_\_ Email: None  \_\_\_\_\_  
daytime evening or cell

### OFFICE INFORMATION

9. Enter the following information about the real estate office where you will be employed:

Business Name: \_\_\_\_\_

**Mailing** Address: \_\_\_\_\_  
*This is the address to which all correspondence related to your license will be mailed.*

City State Zip

**If this office is outside Delaware, arrange for the Commission office to receive a current Certificate of Licensure History sent *directly* to the Commission office from the jurisdiction (state, U.S. territory or District of Columbia) where your office is located.**

10. Are you are requesting change from **Associate Broker to Broker**? Yes  No
- **If yes, skip to the BROKER OF RECORD section.**
  - **If no, arrange for the broker of record for the above office to complete and sign the following statement. Then, skip to the DISCLOSURES section.**

<b>STATEMENT OF BROKER OF RECORD</b>	
Print Broker of Record Name: _____	
Delaware Real Estate License: <b>RB-</b> _____	
I affirm that the person named above will be affiliated with my office as a real estate associate broker upon issuance of his or her license.	
<b>BROKER OF RECORD SIGNATURE:</b> _____	Date: _____

**BROKER OF RECORD – Only licensees requesting change to a Broker license complete this section.**

11. I certify that I am responsible for the day-to-day management and supervision of the office named in the **OFFICE INFORMATION** section as required by [24 Del. C. § 2907\(d\)](#). Yes  No
12. Have you complied and will you continue to comply with the escrow account provisions as required by [24 Del. C. §2923\(a\)](#) and in Section 6.0 of the Commission's [Rules and Regulations](#)? Yes  No

**DISCLOSURES**

13. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes  No  **If yes, submit a signed letter of explanation and documentation of the final disposition.**
14. Are any criminal charges pending against you? Yes  No  **If yes, enclose a complete explanation and any documentation related to the charges.**
15. Have you received any administrative penalties (disciplines), including but not limited to fines, formal reprimands, license suspension or revocation, and probationary limitations? Yes  No  **If yes, arrange for the jurisdictions to send information about the disciplinary action directly to the Commission office.**
16. Have you entered into a consent agreement that places conditions on your professional conduct or practice, including any voluntary surrender of license? Yes  No  **If yes, arrange for the jurisdictions to send information about the disciplinary action directly to the Commission office.**
17. Are any disciplinary proceedings or unresolved complaints concerning your practice of real estate pending against you at present? Yes  No  **If yes, arrange for the jurisdictions to send information about the disciplinary action directly to the Commission office.**
18. Do you have any impairment related to drugs or alcohol that would limit your ability to undertake the practice of real estate in a manner consistent with the safety of a patient or the public? Yes  No  **If yes, submit a letter explaining fully. Include copies of all appropriate records.**

Continued on next page

**AFFIDAVIT**

I certify that the information in this request is complete and true. I understand that the intentional inclusion of false or fraudulent information in this request, or the material omission of information which might have a bearing on licensure, may result in the denial of licensure and will be reported to the Attorney General for further action.

If I am applying for licensure in an office located outside of Delaware, I give irrevocable consent that legal action may be commenced against me in the proper court of any county of the State of Delaware as required by Chapter 29, Title 24, Section 2909 of *The Delaware Code*.

**Signature of Licensee:** \_\_\_\_\_ Date: \_\_\_\_\_

City of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

SEAL

My commission expires: \_\_\_\_\_

***REQUESTS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.***