

Real Estate Branch Office Manager Add/Change Notice

NYS Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001
Customer Service: (518) 474-4429

Please type or print in ink the required information. You must be the principal broker of the company in order to complete this form.

LICENSE/UNIQUE ID NUMBER OF REAL ESTATE BRANCH OFFICE

BUSINESS NAME ON LICENSE

BUSINESS ADDRESS (NUMBER AND STREET)

(CITY/STATE/ZIP)

(COUNTY)

LICENSE/UNIQUE ID NUMBER OF NEW BRANCH OFFICE MANAGER

NEW BRANCH OFFICE MANAGER NAME

The principal broker must complete and sign this section:

LICENSE/UNIQUE ID NUMBER: _____

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

• NO FEE REQUIRED •