



Department of
**Commerce &
Insurance**

500 James Robertson Parkway
Nashville, TN 37243
Tel: 615-741-2241
<http://www.tn.gov/commerce/>

FOR OFFICE USE ONLY	
LICENSE TYPE	2502
TRANSACTION TYPE	1010/6010
FILE NUMBER	_____
ENTITY NUMBER	_____
APPLICATION NUMBER	_____
AMOUNT PAID	_____

FIRM OR BRANCH OFFICE APPLICATION

Only applicants with complete applications are eligible for consideration. You may attach additional pages as necessary. Please type or print clearly in ink. Checks should be made payable to the Department of Commerce & Insurance.

Send the completed application to:

Attn: [TN Department of Real Estate]

The Department of Commerce & Insurance
500 James Robertson Parkway
Nashville, TN 37243

Section One: Applicant Identification and eligibility verification

Name of Applicant: _____
Last
First
Middle

Are you currently licensed? Yes/No _____ If Yes, License Number _____

Social Security Number OR Federal EIN _____

Mailing Address _____

City

State

Zip Code

Contact Phone Number: _____

Email Address: _____

Approved By:



Tennessee Real Estate Commission

500 James Robertson Parkway Suite 180

Nashville TN 37243-1151

(615)741-2273, (800)342-4031, FAX: (615)741-0313

http://www.tn.gov/commerce/section/real-estate-commission

TREC Log Number

Large empty rectangular box for signature or stamp.

TRANS

FILE ID

APPLICATION FOR FIRM OR BRANCH OFFICE LICENSE Or Name Change of Existing Firm or Branch

- Application for a New Firm or Branch office: \$100
Application for Firm Reapply \$100 File I.D. Number
Application for Name Change of Existing Firm \$25 File I.D. Number of Existing Firm:

IMPORTANT WARNING NOTICE OF INVESTIGATION

U.S. Public Law 91-508 requires that we inform you that an extensive inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living.

ACKNOWLEDGED: (Signature of Principal Broker) (Date of Application)

Note: Each question must be answered completely before any action will be taken on this application. This is a sworn affidavit. False information or misleading statements will subject your license to suspension or revocation.

1) Firm Name:

2) Firm Street Address:

(County) (City) (State) (Zip Code)

2a. Firm Mailing Address (If different from above) (P.O. Box ONLY):

(City) (State) (Zip Code)

3) Principal Broker of Firm: (Full Name) (Phone Number) (File I.D. Number)

4) Is this the main office or a branch?

5) Firm E-Mail Address

6) Is applicant a Corporation? L.L.C.? Partnership? Association? Company?

7) If this application is for the purpose of changing the name of the firm, please return old firm license with this form.

- 8) Zoning letter from the proper County or Municipal Authority must be attached. If not required, a letter from the County or Municipal Government is to be attached stating not required.
- 9) Does the firm understand that it is fully liable for all professional actions of affiliates and brokers licensed and affiliated with the Principal Broker of the branch or firm? ____ (Yes or No)

AFFIDAVIT

STATE OF _____

COUNTY OF _____

I, _____, the undersigned Principal Broker, after being duly sworn, deposes and says he is the applicant above named or is a member of the partnership, or an officer of the corporation in behalf of which the above application is made hereby swear or affirm that the statements are true in the foregoing application that is made for the purpose of inducing the issuance of the license requested and that the above contains the names of all affiliates, brokers, rental agents, or resident managers associated with me and that I will be fully responsible for collecting all license fees, renewals, and changes of name or address and remitting them to the Offices of the Tennessee real Estate Commission as well as reporting change of status, transfers, retirements, and that I believe that the foregoing application and the answers thereon noted, that such answers, are true to the best of his knowledge except as to the matter therein stated to be alleged upon information and belief and that as to such matter he believes it to be true, and that he personally attached his signature to this affidavit.

Signature of Applicant

Sworn and subscribed to before me.

This _____ day of _____, 20 _____.

Notary Public

My Commission expires: _____

If Corporation or L.L.C., attach a copy of Letter of Good Standing From Secretary of State.

FIRM INFORMATION SHEET

A. TO OPEN A NEW FIRM OR A FIRM REAPPLICATION YOU MUST:

- 1a. SUBMIT A COMPLETED FIRM APPLICATION AND HAVE IT NOTARIZED, APPLICATION FEE IS \$100.
- 2a. OBTAIN AND SUBMIT A CURRENT ZONING LETTER FROM YOUR LOCAL PLANNING COMMISSION FOR THE NEW FIRM'S BUSINESS ADDRESS.
- 3a. SUBMIT A COMPLETED TREC FORM1 (ITEMS 1-7) TO TRANSFER THE PRINCIPAL BROKER INTO THE NEW FIRM, TRANSFER FEE IS \$25. IF THE BROKER IS NOT ALREADY A PRINCIPAL BROKER, THE BROKER MUST SUBMIT THEIR CURRENT WALL LICENSE AND A \$25 UPGRADE FEE TO PRINCIPAL BROKER.
- 4a. IF CORPORATION OR LIMITED LIABILITY COMPANY SUBMIT A COPY OF THE FIRM'S CORPORATE CHARTER OR ARTICLE OF ORGANIZATION.
- 5a. ALL INDIVIDUAL LICENSEES MUST CARRY ERRORS AND OMISSIONS INSURANCE. PREMIUM SCHEDULE AND ALTERNATIVE INSURANCE INFORMATION ARE PROVIDED ON OUR WEBSITE AT: <http://www.tn.gov/commerce/topic/rec-rules-and-laws>
- 6a. OPEN AN ESCROW ACCOUNT IN THE FIRM'S NAME AND COMPLETE THE FOLLOWING INFORMATION (NO MINIMUM DEPOSIT REQUIRED):

NAME OF BANK: _____

ADDRESS OF BANK: _____

NAME OF ACCOUNT: _____

ACCOUNT NUMBER: _____

PRINCIPAL BROKER'S SIGNATURE: _____

NOTICE: IF THE PRINCIPAL BROKER OF THE NEW FIRM IS ALREADY THE PRINCIPAL BROKER OF ANOTHER FIRM NOT AT THE NEW FIRM ADDRESS, ANOTHER PRINCIPAL BROKER MUST BE DESIGNATED FOR THE OLD FIRM BEFORE THE PRINCIPAL BROKER'S TRANSFER CAN BE COMPLETED.

B. TO CHANGE THE NAME OF AN EXISTING FIRM YOU MUST:

- 1b. SUBMIT A COMPLETED FIRM APPLICATION AND HAVE IT NOTARIZED, APPLICATION FEE IS \$25.
- 2b. RETURN THE CURRENT FIRM'S LICENSE SO THAT A NEW LICENSE CAN BE ISSUED IN THE NEW FIRM NAME.
- 3b. SUBMIT A COMPLETED TREC FORM2 (ITEMS 1-4) FIRM NAME CHANGE IS \$25 FEE.

4b. ESCROW ACCOUNT INFORMATION MUST BE SUBMITTED WITH APPLICATION TO THIS OFFICE EACH TIME APPLICATION IS MADE, EVEN IF IT WAS SUBMITTED WITH THE ORIGINAL APPLICATION, COMPLETE ITEM 6A.

5b. IF CORPORATION OR LIMITED LIABILITY COMPANY, SUBMIT A COPY OF LETTER OF GOOD STANDING FROM THE SECRETARY OF STATE.

C. TO CHANGE THE ADDRESS OF AN EXISTING FIRM YOU MUST:

1c. SUBMIT A COMPLETED TREC2 FORM (ITEMS 1-4), CHANGE OF ADDRESS FEE IS \$50.

2c. OBTAIN AND SUBMIT A CURRENT ZONING LETTER FROM YOUR LOCAL PLANNING COMMISSION FOR THE NEW FIRM'S BUSINESS ADDRESS.

NOTICE: ALL INFORMATION MUST BE COMPLETED AND SUBMITTED TO THIS OFFICE IN ORDER TO COMPLETE EITHER OF THE ABOVE REQUESTS. FAILURE TO SEND ALL INFORMATION AND/OR FEES WILL RESULT IN A DELAY IN PROCESSING. PLEASE ALLOW 10 TO 12 WORKING DAYS TO PROCESS YOUR REQUEST.

IF YOU HAVE ANY FURTHER QUESTIONS, PLEASE CALL THE TREC OFFICE AT 1-800-342-4031 OR 615-741-2273 FOR ASSISTANCE.