



IREC use only
Approved: _____

NOTICE OF PROVIDER CHANGE

This form is required for any change in provider ownership, provider name, or name of director (individual in charge). A change must be submitted at least one (1) month in advance of the effective date of the proposed change (Idaho Code 54-2027(9)). For a change in director, the individual in charge must have attended a commission-approved provider training within the two (2) years immediately preceding the designation (Idaho Code 54-2026(2)(b)(iii)). **INCOMPLETE FORMS WILL BE IMMEDIATELY RETURNED WITHOUT PROCESSING. FAXED/EMAILED FORMS WILL NOT BE ACCEPTED.**

Name of Provider (as certified) for which change is requested: _____ **Current Director Name:** _____

1. **Change of Director (individual in charge) Name** _____ **Date of Provider Training (required):** _____

Full Legal Name of New Director (attach copy of driver's license or other proof of legal name) Social Security Number (required) Date of Birth

Physical address

City State Zip

Mailing Address (if different from above) City State Zip

Phone Fax E-mail Website

Have you ever had a real estate license or other professional license suspended or revoked for disciplinary reasons or been refused a renewal of a license issued by any state or jurisdiction?

NO YES (attach explanation and copy of final order/judgment)

Have you ever been convicted, issued any fine, placed on probation, received a withheld judgment, or completed any sentence of confinement for or on account of any felony or misdemeanor involving fraud, misrepresentation, or dishonest or dishonorable dealings in a court of proper jurisdiction? ("Convicted" means a plea of *nolo contendere* or guilty, a jury verdict of guilty or a court decision of guilt, whether or not a judgment or sentence has been imposed, withheld, or suspended.)

NO YES (attach explanation and copy of final order/judgment)

2. **Change of Provider Name** - If you have changed the type of business entity of your school (i.e., LLC to corporation), do not use this form. Instead, you must complete a new provider certification application for the new entity.

New Provider or DBA Name (attach file-stamped copy of certificate of assumed business name or other paperwork documenting the change)

I hereby appoint the Executive Director of the Idaho Real Estate Commission to act as my agent upon whom all judicial and other process or legal notices directed to me may be served. I hereby consent that any lawful process against me which is served upon the Executive Director shall be of the same legal force and validity as if served upon me and that this authority shall continue in force so long as any liability remains outstanding in the state of Idaho.

I acknowledge it is my responsibility to provide written notice to the Idaho Real Estate Commission of any change of my personal name, address of personal residence, or personal telephone number within ten (10) days of the change.

State of _____)
County of _____) ss. _____
New Director Signature

Signed (or attested) before me on _____ Date by _____ Name of Individual

Signature of Notary

notary seal

My Commission Expires