

	<p align="center"><b>KANSAS REAL ESTATE COMMISSION</b>          Three Townsite Plaza          120 SE 6<sup>th</sup> Avenue, Suite 200          Topeka, Kansas 66603-3511          www.krec.ks.gov (785)296-3411          Fax: (785)296-1771 <a href="mailto:krec@ks.gov">krec@ks.gov</a></p>	<p align="center"><b>LICENSEE NAME OR CONTACT CHANGE</b> REL-100</p>
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**THIS FORM IS FILLABLE ONLINE**

**LICENSEE INFORMATION**

License Number	Licensee Name as shown on license
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**CHANGE MY NAME**

New Last Name	New Expiration Date (see chart attached)	Old Expiration Date
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- Enclosed is my original wall license. Alternatively, enclosed is a copy of my original wall license which has been marked "Cancelled" signed and dated by my Supervising/Branch Broker.
- Enclosed is my fee for the number of months my expiration date is *extended* at \$5 per month for Salespersons or \$7 per month for Brokers. If the new expiration date is *sooner* than the old expiration date, a prorated refund will be issued.

**CHANGE MY RESIDENCE ADDRESS**

Address line 1			
Address line 2			
City	State	Zip	County

**CHANGE MY EMAIL ADDRESS TO:**      OR       I no longer maintain an email address

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**PHONE NUMBERS**

- Change my residence phone to:      OR       I no longer maintain a residence phone

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- Change my cell phone to:

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- Change my business phone to:

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- Change my business fax to:

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**LICENSEE SIGNATURE**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

<b>KREC USE ONLY</b>		
Date Entered: _____	Fee: \$ _____	Initials: _____

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**LICENSE EXPIRATION DATES**

**First Letter of Last Name:**

- "B"
- "C"
- "D" and "E"
- "F" and "G"
- "H"
- "I," "J," "K" and "L"
- "M"
- "N," "O" and "P"
- "Q" and "R"
- "S"
- "T," "U" and "V"
- "W," "X," "Y," "Z" and "A"

**Expiration Date:**

- December 31 of each even-numbered year
- February 28 of each odd-numbered year
- April 30 of each odd-numbered year
- June 30 of each odd-numbered year
- August 31 of each odd-numbered year
- October 31 of each odd-numbered year
- December 31 of each odd-numbered year
- February 28 of each even-numbered year
- April 30 of each even-numbered year
- June 30 of each even-numbered year
- August 31 of each even-numbered year
- October 31 of each even-numbered year

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**CREDIT CARD PAYMENT INFORMATION**

For name changes resulting in an **extension** of the license expiration date

\$5.00 per month for Salespersons, or \$7.00 per month for Brokers, plus a nominal credit card processing fee

Licensee Name:	Card Holder: <small>(if different than licensee)</small>	Email Address: <small>(optional/for electronic receipt)</small>
Card Number:	Expiration Date:	Zip Code:
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		

Submit to the Kansas Real Estate Commission by:

Email: [krec@ks.gov](mailto:krec@ks.gov)      or      Fax: 785-296-1771

After processing your payment, this document will be shredded.

If you prefer to provide your credit card information by phone, call 785-296-3411.