

## LICENSEE'S PERSONAL INFORMATION CHECKLIST FORM

DO NOT SUBMIT APPLICATIONS BY FAX OR E-MAIL

- **LEGAL NAME CHANGE - \$10.00 FEE PERSONAL NAME CHANGES ARE NOT ELIGIBLE THRU THE ONLINE LICENSING SYSTEM:** Submit LICENSEE'S PERSONAL INFORMATION FORM and provide proof of name change, ie.:
  - Marriage certificate
  - Valid State issued Driver's License
  - Divorce Decree
- **MAKE SURE YOU SIGN THIS FORM USING YOUR NEW PERSONAL LEGAL NAME**
- **TO CHANGE YOUR LEGAL RESIDENCE OR MAILING ADDRESS - \$15.00 FEE:** Submit LICENSEE'S PERSONAL INFORMATION FORM or visit the Department's website at [www.azre.gov](http://www.azre.gov) and *change either the legal residence or mailing address for no charge.*
- **YOU CAN ALSO UPDATE YOUR EMAIL ADDRESS ONLINE.**

Effective April 4, 1997, A.R.S. § 32-3801 grants confidentiality to "A professional's residential address and residential telephone number" in Department records unless that address and telephone number are the only address number of record.

Save time - take a moment to review your application and make sure you have signed it where required and have attached supporting documents and the required fee **before** you submit it to the Department. If the Department receives an incomplete application, we will return the application to you **unprocessed**.

"AN EQUAL EMPLOYMENT OPPORTUNITY AGENCY"

This form is available in alternate formats by contacting the Operations Office at 602-771-7760 or by email at [forms@azre.gov](mailto:forms@azre.gov)



**STATE OF ARIZONA  
DEPARTMENT OF REAL ESTATE**

2910 N 44<sup>th</sup> St, Ste 100  
Phoenix, AZ 85018  
(602) 771-7700

400 W Congress, Ste 523  
Tucson, AZ 85701  
(520) 628-6940

For Department Use Only

You can do more than renew online! Go to [www.azre.gov](http://www.azre.gov)

**Review Checklist before filing this form**

**LICENSEE'S PERSONAL INFORMATION FORM**

Effective Date: \_\_\_\_\_

Date Entered: \_\_\_\_\_

By \_\_\_\_\_  TF 1  TF 2

**FOR NAME CHANGE:**

**Current Legal Name:** \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**PRINT New Legal Name:** \_\_\_\_\_

**FOR NEW ADDRESS CHANGE:**

Current Legal Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

New Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number ( ): \_\_\_\_\_ Email address (optional): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**I DECLARE THAT THE INFORMATION IS TRUE AND CORRECT.**

SIGNATURE OF LICENSEE: \_\_\_\_\_ DATE: \_\_\_\_\_

NEW LEGAL NAME

A.R.S. § 25-502(F) STATES: "Each licensing board or agency that issues professional licenses or certificates shall record the social security number of the licensee or certificate holder in its data base in order to aid the Department of Real Estate in locating non-custodial parents or the assets of the non-custodial parents." You must provide the Department of Real Estate with your social security number; however, the number will not be disclosed to anyone other than a representative from another government agency in the course of the representative's official duties.

"AN EQUAL EMPLOYMENT OPPORTUNITY AGENCY"

This form is available in alternate formats by contacting the Operations Office at 602-771-7760 or by email at [forms@azre.gov](mailto:forms@azre.gov)