

ARIZONA DEPARTMENT OF REAL ESTATE

www.azre.gov

CHANGE OF PERSONAL INFORMATION

Changes must be made within 10 days of change. Some changes can be made at the Licensee's Personal Page at www.azre.gov

All agents are solely responsible for updating, changing, and monitoring their personal information by form, or by logging into their personal page at www.azre.gov.

DO NOT SUBMIT BY FAX OR SCAN – Original ink signature is required.

PROOF OF NAME CHANGE – The legal name as it appears on the Arizona Department of Real Estate License should reflect the legal name on the document submitted as Proof of Legal Residency.

PROOF OF LEGAL PRESENCE - The 2008 Legislature enacted ARS §41-1080 requires licensing agencies, including the Department of Real Estate (ADRE), to obtain proof of the license applicant's legal presence in the United States prior to issuing, renewing, or making a change to a license. (*Effective October 1, 2008*, the Department may renew your license only after receiving proof of your legal presence in this country.)

PC OR PLLC STATUS LICENSEES – When holding or sharing a Professional Corporation (PC) or a Professional Limited Liability Corporation (PLLC) and changing a legal personal name, the PC or PLLC must be amended **before** the personal legal name change can be processed.

When sharing a PC or PLLC with any other Licensees, every licensee must report the change to AZRE within 10 business days by submitting form **PC or PLLC for Salesperson or Brokers Licensee's** (LI-231). A fee for each individual license effected by the change will be charged.

FEES MAY CHANGE WITHOUT NOTICE - Visit our website at www.azre.gov to view a current fee schedule.

Changes of Personal Information

R4-28-303. License Renewal; Reinstatement; **Changes of Personal Information**, License, or License Status; Professional Corporation or Professional Limited Liability Company Licensure; Administrative Severance

D. A salesperson or broker shall notify the Department in writing within 10 days of any change in the individual's personal information or qualifications. The salesperson or broker shall include in the notice the individual's name, signature, license number, and:

1. If disclosing information required under R4-28-301, such as a criminal conviction, adverse judgment, denial or restriction of or disciplinary action against a professional or occupational license, or recovery fund payment on the person's behalf, a written statement providing detailed information and, upon request by the Department, the supporting documentation identified in R4-28-301(A)(2);
2. If requesting a change of personal name, written notice stating the prior name and new name, supporting documentation for the change, and applicable fee;
3. If changing residence address or residential mailing address, written notice stating the prior address, new address and the date of the change;
4. If changing residence telephone number or providing an additional telephone number or e-mail address, written notice of the prior and current number or e-mail address; or
5. If becoming licensed as a professional corporation or professional limited liability company, or changing licensure as a professional corporation or professional limited liability company, the information required under subsection (F).



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2910 N 44TH STREET STE-140
PHOENIX, AZ 85018

Scan to: licenseupdates@azre.gov

Janice K. Brewer
Governor

Judy Lowe
Commissioner

CHANGE OF PERSONAL INFORMATION FORM (LI-235)

LICENSEE INFORMATION

LICENSEE NAME (PRINT ABOVE)	BR or SA Number	Expiration Date
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TYPE OF CHANGE BEING MADE – CHECK ALL THAT APPLY

- LEGAL NAME CHANGE PHYSICAL ADDRESS CHANGE MAILING ADDRESS CHANGE
 PHONE NUMBER CHANGE EMAIL ADDRESS UPDATE
- DO YOU HAVE A PC OR PLLC?** NO YES

IF YES, THE PC OR PLLC NAME MUST BE CHANGED **BEFORE** SUBMITTING THIS FORM FOR A LEGAL NAME CHANGE.

Old Personal Information	New Personal Information
LEGAL NAME	LEGAL NAME
PHYSICAL ADDRESS	PHYSICAL ADDRESS
APT, STE, OR UNIT #	APT, STE, OR UNIT #
CITY, STATE, & ZIP CODE	CITY, STATE, & ZIP CODE
COUNTY	COUNTY
MAILING ADDRESS	MAILING ADDRESS
APT, STE, OR UNIT #	APT, STE, OR UNIT #
CITY, STATE, & ZIP CODE	CITY, STATE, & ZIP CODE
COUNTY	COUNTY
PHONE NUMBER	PHONE NUMBER
EMAIL ADDRESS	EMAIL ADDRESS
X	
LICENSEE SIGNATURE (NEW NAME)	DATE

IMPORTANT NOTE: This MAY BE notification of one or more deficiencies in this application. Please correct or submit the deficiencies by the deadline noted or this application will be deemed incomplete and the file closed. The Department must grant or deny a license within a specific period of time once an application is complete. An applicant also has a specific period of time in which to correct any identified deficiency. If the identified item(s) or information are not provided or corrected, the application shall be deemed "incomplete" or "withdrawn" and the file closed, which will require a new application to be submitted, including applicable fees. R4-28-103.

FOR DEPARTMENTAL USE ONLY				
EFFECTIVE DATE			DATE STAMP	RECEIPT
INPUT DATE				
TIMEFRAME	TF 1	TF 2		
PROCESSED				