



BRANCH OFFICE REGISTRATION

(To REGISTER OR CHANGE THE ADDRESS OF A REAL ESTATE BRANCH OFFICE)

Rev 2/2009

Real Estate Agency
1177 Center Street NE
Salem OR 97301
Phone: 503-378-4170
www.rea.state.or.us

- INSTRUCTIONS:
- 1) Use this form to register or change the address of a branch office.
 - 2) To register a new branch office, you must complete sections A, B & D.
 - 3) To change the address of an existing branch office, you must complete ALL sections.
 - 4) Original, dated signature of primary licensee (principal broker, sole practitioner broker or property manager) is required.
 - 5) Registration will be effective on the date the Agency receives the completed form and payment, unless a later date is requested. We will send a letter for your records confirming the branch address and providing a permanent branch identification number. RBNs and branch offices are not licensed.

SECTION A BUSINESS NAME AND ADDRESS			
Registered business name (RBN)		RBN Permanent ID#	
Main office street address		Main office phone number ()	
City, state, zip			
Name of primary licensee (principal broker, sole practitioner or property manager)		Daytime phone number	
SECTION B NEW BRANCH OFFICE			
Branch office street address		Branch office phone number ()	
City	Zip Code	County	Effective date requested
SECTION C PRIOR BRANCH OFFICE ADDRESS			
Complete this section only for a branch office address change.			
Prior branch office street address		Branch office permanent ID #	
City	Zip Code	County	
SECTION D AUTHORIZATION			
<i>I understand that I am responsible for supervision and control of the professional real estate activity conducted from the registered branch office location.</i>			
Name of primary licensee (principal broker, sole practitioner or property manager)		License number	
Original signature of primary licensee		Daytime phone number	
SECTION E PAYMENT			
FEE: \$10. Payment may be made by check or money order payable to the Real Estate Agency or by credit card (VISA or MasterCard). Do not send cash. Complete this section to pay by credit card.			
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Card No. _____ - _____ - _____ - _____	Expiration Date (mo/yr) ___ / ___	
Billing Address		Signature Authorizing Credit Card Payment	

Office Use Only: [] ID #: _____ Issued: _____