

STATE OF WEST VIRGINIA  
REAL ESTATE COMMISSION  
300 CAPITOL STREET, SUITE 400  
CHARLESTON, WV 25301  
304.558.3555  
<www.wvrec.org>

**APPLICATION FOR CHANGE OF NAME**

\$10.00 Fee Required

Date of Issue _____
License # _____

Notice shall be given to the Commission by each licensee of any change of name. Upon receipt of this form and payment of \$10.00 the Commission will issue a new license for the unexpired portion of the license year.

I hereby notify the West Virginia Real Estate Commission of a change of name, and request that my license certificate be reissued in the name below.

**CHECK ONE**

- I am an active agent. **CURRENT LICENSE MUST BE ATTACHED**  
I am presently licensed with \_\_\_\_\_
- I am an inactive agent. My license is being held in the Commission Office.  
I was previously licensed with \_\_\_\_\_

**COMPLETE THE FOLLOWING**

1. Name on Current License: \_\_\_\_\_
2. Social Security \_\_\_\_\_ Residence Phone \_\_\_\_\_
3. Residence Address: \_\_\_\_\_  
\_\_\_\_\_
4. New Name: \_\_\_\_\_
5. Reason for Change: \_\_\_\_\_

I hereby certify the above submitted information is true.

\_\_\_\_\_  
Applicant's Signature