



STATE OF TENNESSEE  
 DEPARTMENT OF COMMERCE AND INSURANCE  
 TENNESSEE REAL ESTATE COMMISSION  
 500 JAMES ROBERTSON PARKWAY  
 NASHVILLE, TENNESSEE 37243-1151  
 (615) 741-2273 or (800) 342-4031  
 www.tn.gov/commerce

**T.R.E.C. Form 2.**

REVISED 06/15/16

Do not write or mark in the space below.

**(2502) FIRM UPDATES FORM**

Check appropriate box (es) and complete all required lines of information. Remit appropriate fee for each box checked.

Amount remitted \$ \_\_\_\_\_

- A. Change of firm business/ mailing address **(8005)**(2, 3 &4)  
**\$50.00 NOTE:**  
 Please provide **Zoning Letter** to show proof of address change. Firms may add P.O. Box for mailing purposes only. A mailing address cannot be another street address or home address.
- B. Close firm **(4010)**(1,2,4) **NO FEE** Please include letter from owner of firm.
- C. Request duplicate of lost license **(8010)** (1, 2, &4)  
**\$10.00**
- D. Retire a Firm **(8040)** **\$25.00**

I request T.R.E.C. process as indicated above

Principal Broker's Name	Home Phone Number	E-Mail Address	License/File ID Number
1.			

Firm Name	Firm Phone Number	E-Mail Address	Firm File ID Number
2.			

New Firm Street Address
3. (a)

City	State	Zip Code

Firm Mailing Address (P.O. Box only)	City	State	Zip Code
3. (b)			

**ORIGINAL SIGNATURES ONLY, PROVIDE ALL INFORMATION AND DATES**

Principal Broker's Signature	PB License (File I.D.) Number	Date
4.		

PLEASE READ REVERSE OF THIS FORM FOR IMPORTANT INFORMATION AND INSTRUCTIONS

If this form does not have the information printed on the reverse, you can obtain a copy of both sides by contacting the TREC office or web site at: www.tn.gov/commerce. IN0857 (Rev. 05/2016)

### Instructions and Information

All parties are responsible for their own copies of this form. Principal brokers should retain a copy for the firm's records. Change of address on firms must be accompanied by a zoning letter. This form cannot be used for reinstatement or renewal of license. Please contact the TREC office for proper forms.

**Complete each required line by providing ALL requested information on the entire line: INFORMATION REQUESTED MAY DIFFER SLIGHTLY DEPENDING ON THE TYPE OF CHANGE REQUESTED. THE DIFFERENT INFORMATION IS SPECIFIED BELOW.**

#### **A. Change of firm business address: (2,3 & 4) \$50.00**

Line 2: Name, office phone number, e-mail address and firm file I.D. number of firm requesting change of business or mailing address

Line 3: New street address, city, state and zip code of firm named on line 2 (or) Line 4b: to add mailing address

Line 4: Signature, license/file I.D.# of principal broker of the firm named on line 2 and date

NOTE: Firm must provide a zoning letter for the new street address

#### **B. Close Firm (1, 2 & 4) (Closure Letter from firm owner req.)(NO FEE)**

Line 1: Principal Broker's Name, home phone number, e-mail address and license/file I.D.

Line 2: Name, office phone number e-mail address and firm file I.D. number of firm

Line 4: Signature, license/file I.D.# of principal broker of the firm named on line 2 and date

#### **C. Request duplicate of lost license: (1, 2, & 4) \$10.00**

Line 1: Principal Broker's Name, home phone number, e-mail address and license/file I.D.

Line 2: Firm Name, office phone number, e-mail address and firm file I.D. number of firm requesting closure,

Line 4: Signature, license/file I.D.# of principal broker of the firm named on line 2 and date

#### **D. Retire a firm (1, 2, & 4) \$25.00**

Line 1: Principal Broker's Name, home phone number, e-mail address and license/file I.D.

Line 2: Firm Name, office phone number, e-mail address and firm file I.D. number of firm requesting closure,

Line 4: Signature, license/file I.D.# of principal broker of the firm named on line 2 and date