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# BROKER-ASSOCIATE AFFILIATION NOTIFICATION

RE 215 (New 1/18)

CaIBRE RECEIVED DATE

- This form is to be used for broker-associate affiliations only.
- "Broker-associate" means a broker acting in the capacity of a salesperson for another broker/corporation under written agreement who performs acts for which a license is required on behalf of the responsible broker/corporation.
- **Read instructions on reverse side before completing.**
- **Note:** License changes marked with an asterisk may be completed on-line by utilizing **eLicensing**. (Refer to information on page 2.)

## TYPE OF CHANGE

[Check appropriate box(es)]

- ADD RESPONSIBLE BROKER/CORPORATION AFFILIATION
- DISCONTINUE RESPONSIBLE BROKER/CORPORATION AFFILIATION
- TELEPHONE/EMAIL ADDRESS\*
- MAILING ADDRESS\*

## BROKER-ASSOCIATE INFORMATION

1. LICENSE IDENTIFICATION NUMBER

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2A. BROKER-ASSOCIATE NAME — AS IT APPEARS ON LICENSE. — LAST

2B. FIRST

2C. MIDDLE

2D. SUFFIX

3. BROKER-ASSOCIATE MAILING ADDRESS (STREET ADDRESS OR POST OFFICE BOX)

CITY

STATE

ZIP CODE

4. CURRENT TELEPHONE NUMBER

(      )

5. CURRENT EMAIL ADDRESS

### BROKER-ASSOCIATE CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

6. SIGNATURE OF BROKER-ASSOCIATE — MUST BE ORIGINAL SIGNATURE, NOT PHOTOCOPY, ETC.

DATE



## NEW RESPONSIBLE BROKER/CORPORATION INFORMATION

7. BROKER/CORPORATION ID NO.

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8. BROKER-ASSOCIATE AFFILIATION DATE

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9. BROKER/CORPORATION NAME — AS IT APPEARS ON LICENSE; NO DBA'S

10. MAIN OFFICE ADDRESS OF BROKER/CORPORATION — STREET ADDRESS, CITY, STATE, ZIP CODE

### RESPONSIBLE BROKER/CORPORATION CERTIFICATION

I HEREBY CERTIFY THAT A) THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, B) I HAVE COMPLIED WITH §10161.8(a) AND (b) OF THE BUSINESS AND PROFESSIONS CODE, AND C) THERE IS A WRITTEN AGREEMENT WITH THIS BROKER-ASSOCIATE ON FILE IN MY OFFICE AS REQUIRED BY §2726 OF THE COMMISSIONER'S REGULATIONS.

11. SIGNATURE OF NEW BROKER/LICENSED OFFICER — MUST BE ORIGINAL SIGNATURE, NOT PHOTOCOPY, ETC.

DATE



12. PRINTED NAME OF #11 SIGNER

13. BROKER/CORPORATION EXPIRATION DATE

14. BUSINESS TELEPHONE NUMBER

(      )

## FORMER RESPONSIBLE BROKER/CORPORATION INFORMATION

15. BROKER/CORPORATION ID NO.

16. DATE BROKER-ASSOCIATE AFFILIATION DISCONTINUED

17. BROKER/CORPORATION NAME — AS IT APPEARS ON LICENSE; NO DBA'S

18. SIGNATURE OF FORMER BROKER/LICENSED OFFICER

DATE



## CaIBRE USE ONLY

PROC. #

DATE PROCESSED

SENDER'S #

DATE SENT

FORM LETTER/COMMENTS

DOCUMENT DATE USED & TYPE (circle one)

RD AD KD

**General Information**

- Type or print clearly in ink (black or blue; do not use red).
- Receipt of this form will not be acknowledged.
- Business and license mailing addresses are public information and as such are posted on the Internet and available from CalBRE via telephone and written requests. Please consider this when identifying a license mailing/business address.
- If you electronically re-create this form to facilitate completion on a computer, the form should not be altered in any manner. Also, please make certain you do not delete any preprinted information and are using the latest version of the form.

**Pertinent Excerpts of Business and Professions Code 10161.8**

- (a) Whenever a real estate salesperson or broker acting as a salesperson enters the employ of a real estate broker, the responsible broker shall immediately notify the commissioner thereof in writing.
- (b) Whenever employment of a real estate salesperson or broker acting as a salesperson is terminated, the responsible broker shall immediately notify the commissioner of that termination in writing.

**Type of Change**

Check the appropriate box(es) on page 1 and complete the item numbers listed below.

- Add responsible broker/corporation affiliation..... #1-14 (required) & 15-18 (optional)
- Affiliation discontinued by responsible broker/corporation ..... #1, 2, and 15-18
- Affiliation discontinued by broker-associate ..... #1-6, & 15-17

**Duplicate License** – License certificates can be printed online anytime using eLicensing.

**Mailing Address** – The mailing address (*post office box, residence or business address*) is used to mail correspondence to you. If your mailing address is that of your responsible broker or corporation, please note “c/o” (*in care of*) your responsible broker or corporation.

**Non-California Residents** – If residing outside the State of California, a Consent To Service Of Process (RE 234) is also required, if not already on file.

**PRIVACY INFORMATION:**

Section 1798.17 of the Civil Code requires this notice be provided when collecting personal or confidential information from individuals. Each individual has the right to review personal information maintained by this Agency, unless access is exempted by law.  
 Bureau of Real Estate      Assistant Commissioner  
 1651 Exposition Blvd.      Licensing & Administration  
 Sacramento, CA 95815      Telephone: 877-373-4542  
 General powers of the Commissioner, Sections 10050, 10071, and 10075 of the Business and Professions Code authorizes the maintenance of this information.  
 Business and Professions Code Sections 30, 31(e) and 494.5(d) require each real estate licensee to initially provide to the Bureau of Real Estate his or her social security number which will be furnished to the Franchise Tax Board. The Franchise Tax Board will use your number

to establish identification exclusively for tax purposes. These code sections also require that each application for a new license or renewal provides notification on the application, that the Board of Equalization and the Franchise Tax Board will share taxpayer information with the Bureau of Real Estate, and that failure to pay tax obligations may result in a suspension or denial of a license. The Board of Equalization and Franchise Tax Board require the Bureau to collect social security numbers and federal taxpayer identification numbers for the purposes of matching the names of the 500 largest tax delinquencies pursuant to Section 7063 or 19195 of the Revenue and Taxation Code. Your social security numbers and federal taxpayer identification number shall not be deemed public records and shall not be open to the public for inspection. The Real Estate Law and the Regulations of the Commissioner require applicants to provide the Bureau with specific information. If all or any part of the required information is not provided, processing may

be delayed. In addition, the Commissioner may suspend or revoke a license, or in the case of a license applicant, may deny the issuance for misstatements of facts (including a failure to disclose a material fact) in an application for a license.  
 The information requested in this form is primarily used to furnish license status information to the Bureau's Enforcement Section, and answer inquiries and give information to the public on license status, mailing and business addresses and actions taken to deny, revoke, restrict or suspend licenses for cause.  
 This information may be transferred to real estate licensing agencies in other states, law enforcement agencies (City Police, Sheriff's Departments, District Attorneys, Attorney General, F.B.I.), and any other regulatory agencies (i.e., Department of Business Oversight, Department of Insurance, Department of Consumer Affairs, California Bar Association).

**Note To Responsible Broker/Corporation**

**Responsible Broker/Corporation ID# and Name** – If you are licensed both as an individual broker and as an officer of a corporation, enter the appropriate ID# and name.

- If the broker-associate will be working for you under your individual license, enter the name and ID# for that license.
- If the broker-associate will be working for you under your corporation officer's license, enter the corporation name and ID# for the corporation.
- Do not list DBA's on this application.

**Mailing Information**

This application may be submitted in person at any district office or mailed to the Sacramento office.

**Mail To:** Bureau of Real Estate  
 P.O. Box 137004  
 Sacramento, CA 95813-7003