

ARIZONA DEPARTMENT OF REAL ESTATE (ADRE)

www.azre.gov

CHANGE OF PERSONAL INFORMATION

Changes must be made within 10 days of change. Personal information changes to **physical residence address, mailing address, telephone number, email address, and legal presence information** changes can be made online from the Licensee's Personal Page on the Online Licensing System at <https://az.gov/app/dre/>. All agents are solely responsible for updating, changing, and monitoring their personal information pursuant to A.C.C. R4-28-303.

To file a change of personal information that cannot be done online such as a change of **legal name** or additional **nickname** approval, complete the form, scan photo ID, and merge as one PDF document to ADRE through the Message Center from the Licensee's Personal Page on the Online Licensing System at <https://az.gov/app/dre/> or submit by mail or in person.

Original license applicants requesting approval for a nickname should complete this form, and submit with a license application through the Online Licensing System, or by mail.

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.

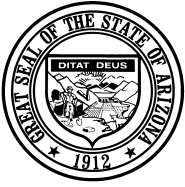
PROOF OF LEGAL PRESENCE - The 2008 Legislature enacted A.R.S. §41-1080 which requires licensing agencies, including the Department of Real Estate (ADRE), to obtain proof of the license applicant's legal presence in the United States prior to issuing, renewing, or making a change to a license.

NICKNAME ADDITION – A licensee may use any derivative of the applicant's first name or middle name or a nickname that is regularly used for advertising purposes only (A.R.S. 32-2123). The Department considers a nickname to be a familiar version of a proper name, i.e. Jim for James or Tom for Thomas when reviewing and/or approving proposed nicknames. A nickname or derivative of ones legal name should not be used when signing legal documents.

PC OR PLLC STATUS LICENSEES – When holding or sharing a Professional Corporation (PC) or a Professional Limited Liability Company (PLLC) and changing a legal personal name, the PC or PLLC must be amended with the Arizona Corporation Commission **before** the personal legal name change can be processed. The Designated Broker must approve with a signature all PC or PLLC changes on the PC/PLLC application (Form LI-231).

When more than one licensee is named on a PC or PLLC, every licensee must report the change to ADRE within 10 business days by submitting form **Professional Corporation (PC) or Professional Limited Liability Company (PLLC) (Form LI-231)**.

FEES MAY CHANGE WITHOUT NOTICE - Visit our website at www.azre.gov to view the current fee schedule. The application approval decision will be sent to the licensee's email address or address of record.



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100 North 15th Avenue, Suite 201, Phoenix, Arizona 85007

Douglas A. Ducey
Governor

Judy Lowe
Commissioner

CHANGE OF PERSONAL INFORMATION FORM (LI-235)

LICENSEE NAME (PRINT ABOVE)	License Number	Expiration Date

TYPE OF CHANGE BEING MADE – CHECK ALL THAT APPLY

<input type="checkbox"/> LEGAL NAME CHANGE	<input type="checkbox"/> PHYSICAL ADDRESS CHANGE	<input type="checkbox"/> MAILING ADDRESS CHANGE
<input type="checkbox"/> TELEPHONE NUMBER CHANGE	<input type="checkbox"/> EMAIL ADDRESS UPDATE	<input type="checkbox"/> NICKNAME (Advertising use only)

DO YOU HAVE A Professional Corporation (PC) or OR Professional Limited Liability Company (PLLC)? NO YES
 IF YES, THE PC OR PLLC NAME MUST BE CHANGED WITH THE ARIZONA CORPORATION COMMISSION BEFORE SUBMITTING THIS FORM FOR A LEGAL NAME CHANGE.

Old Personal Information	New Personal Information
LEGAL NAME	LEGAL NAME
NICKNAME	NICKNAME
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 REQUIRED (NEW NAME, if applicable)	DATE

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

IMPORTANT NOTE: Please correct any deficiencies and submit 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.

Deficient application: Deficiency(ies) explanation:

Deadline Date to correct and return deficiency(ies):