

**State of Florida
Department of Business and Professional Regulation
Florida Real Estate Commission
Change of Status for Sales Associates and Broker Sales Associates
Form # DBPR RE 11**

TRANSACTION CHECKLIST - IMPORTANT - Submit all items on the checklist below with your form to ensure faster processing.

ALL License Applicants must submit:

- ☐ Completed application
- ☐ No fee is assessed for this transaction

Please mail your completed form, documentation and required fee(s) to:

Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-0783

State of Florida
Department of Business and Professional Regulation
Florida Real Estate Commission
Change of Status for Sales Associates and Broker Sales Associates
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Check the box for the relevant transaction in Section I and complete the applicable additional section(s) only. Leave the sections that are not relevant to your desired transaction blank. If you have any questions or need assistance in completing this form, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.

For additional information see Instructions at the end of this form.

Section I – Transaction Types

TRANSACTION TYPES	
☐ Add Employee [3020] ☐ Terminate Employee [4020]	☐ Become Inactive [4020] ☐ Change Employer [9007]

Section II – Associate Information

ASSOCIATE INFORMATION			
License Number:			
Last/Surname	First	Middle	Suffix
Primary Phone Number	Primary E-Mail Address		

Section III – Broker or Company Information

COMPANY INFORMATION			
Last/Surname (Qualifying broker)	First	Middle	Suffix
License number of real estate company:			
Name of real estate company:			
Primary Phone Number	Primary E-Mail Address		
Signature of qualifying broker that is adding or terminating employee:			

Section IV – Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.	
Signature:	Date:
Print Name:	

Instructions and Additional Information

*If you have any questions or need assistance in completing this form, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

1. **Information:** This application is required for a change of status to the license of a sales associate or broker sales associate. A change of status is any change in the employment status (new employment, change of employment, or termination of employment of the licensee).
2. **Application Instructions (by section):**
 - a. **Section I – Transaction Types**
 - i. **Applicants must check only one transaction type.**
 - ii. **Add Employee:**
 - (1) Select this transaction to add a sales associate or broker sales associate as an employee of a real estate company or sole proprietorship.
 - (2) Successful completion of this transaction will activate the associate's license status and relate that license to the license of the employer's qualifying broker.
 - iii. **Terminate Employee:**
 - (1) Select this transaction to terminate a sales associate or broker sales associate as an employee of a real estate company or sole proprietorship.
 - (2) Successful completion of this transaction will deactivate the associate's license status and end the relationship of that license to the license of the employer's qualifying broker.
 - iv. **Become Inactive:**
 - (1) Select this transaction to change your license status to inactive.
 - (2) Successful completion of this transaction will deactivate the associate's license status and end the relationship of that license to the license of the employer's qualifying broker.
 - v. **Change of Employer:**
 - (1) Select this transaction to change your employer information.
 - (2) Successful completion of this transaction will deactivate the associate's license status and relationship with the prior employer and activate the associate's license status and relate that license to the license of the new employer's qualifying broker.
 - b. **Section II – Associate Information**
 - i. Fill out each section completely.
 - ii. Provide the license number of the sales associate or broker sales associate.
 - iii. Provide the name of the sales associate or broker sales associate as it appears on their real estate license.
 - iv. Provide a valid phone number and email address for the associate. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.
 - c. **Section III – Broker or Company Information**
 - i. **Important notes pertaining to this section:**
 - (1) **For adding an employee:** the employer must provide the company/sole proprietor information and sign this section to authorize the addition of the associate as an employee.
 - (2) **For terminating an employee:** the employer must provide the company/sole proprietor information and sign this section to authorize the termination of the associate as an employee.
 - (3) **For an associate becoming inactive:** the associate must provide the company/sole proprietor information for the company they wish to become inactive from. There is no need to have a qualifying broker sign the section.
 - (4) **For an associate changing employers:** the new employer must provide the company/sole proprietor information and sign this section to authorize the addition of the associate as an employee.
 - ii. Provide the name of the qualifying broker for the real estate company or sole proprietorship.
 - iii. Provide the license number of the real estate company or sole proprietorship.
 - iv. Provide the name of the real estate company or sole proprietorship.
 - v. Provide a valid phone number and email address for the qualifying broker. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.
 - vi. The signature of the qualifying broker for the real estate company or sole proprietorship is only required if this application is being used to **add an employee, terminate an employee, or change employer information.**

d. **Section IV – Affirmation By Written Declaration**

- i. The sales associate or broker sales associate must sign the Affirmation by Written Declaration.



ORLANDO REGIONAL
REALTOR®
ASSOCIATION

1330 Lee Road • Orlando, FL 32810

407.513.7282 • Fax: 407.293.6083

membership@OrlandoRealtors.org • OrlandoRealtors.org

Brokerage Transfer Form

Any REALTOR® who transfers their membership from an existing REALTOR® office and establishes at a new REALTOR® office shall notify ORRA within ten (10) days.

Member Information

Date: _____

Name: _____

Real Estate License #: _____

Email: _____

Mobile Phone: _____

Office Information

Previous Office Name: _____

New Office Name: _____

New Office Street Address: _____

City/State/Zip: _____

New Office MLS ID #: _____

New Office Broker First Name: _____

New Office Broker Last Name: _____

Do you have any active MLS listings? ☐ Yes ☐ No

[Listing Transfer Request Form \(.pdf\)](#)

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
					-						

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they