



LOUISIANA REAL ESTATE COMMISSION
9071 Interline Avenue Baton Rouge, LA 70809
(800) 821-4529 (LA only) or (225) 925-1923
Fax (225) 925-4501

REQUEST TO TRANSFER LICENSE TO NEW BROKER/BROKER COMPANY**

(Complete this form online or print in blue or black ink)

**** The Termination of Supervision from MUST be completed before a Transfer to New Broker can be processed. This form is used to transfer a license to a new broker. To transfer from INACTIVE to ACTIVE status, you must contact the LREC for a file review.**

Remit transfer fee.....\$35.00

Make fees payable to Louisiana Real Estate Commission. Personal, company, or cashier's checks and money orders are accepted.

PART I – LICENSEE BEING TRANSFERRED

1. Name: _____
(Type or Print)

2. License Number: _____
(Refer to the real estate license or use the Verify a License link on the LREC website to obtain the correct license number.)

3. Errors and Omission insurance coverage is mandatory and may not transfer with your license.
You must select one of the options below.

I am presently covered by the LREC group policy or my own personal independent policy.

I elect to participate in the group policy and have ADDED the appropriate premium to the transfer fee. (See below for pro-rated premium schedule.)

I elect independent coverage and have attached the required Certification of Independent Coverage form, errors and omission policy declaration page and \$7.00 processing fee.

Signature Licensee: _____ Date: _____
(Required)

PART II – NEW SUPERVISING BROKER OR BROKER COMPANY

Only one name and one license number can be listed below, license number MUST match name listed.

1. Name of the Individual Broker or Broker Company that will appear on the license as the supervisor:
(if the supervising entity is a broker company license then you must use only the broker company name and license number. If the supervising entity is an individual broker then you must use only the individual broker's name and license number.)

(Type or Print)

2. License Number for the name entered above: _____

I agree to accept supervision of the licensee requesting this transfer.

Signature of Individual/Qualifying Broker: _____ Date: _____
(Required)

PRO-RATED GROUP ERRORS AND OMISSIONS PREMIUMS											
Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec
\$136	\$125	\$114	\$103	\$93	\$82	\$71	\$60	\$50	\$39	\$28	\$17