



**Kansas Real Estate Commission**

Jayhawk Tower  
700 SW Jackson St Ste 404  
Topeka, KS 66603-3785

krec@ks.gov (785) 296-3411  
Fax: (785) 296-1771 www.krec.ks.gov

Public access is available by appointment only

**SUPERVISING/BRANCH BROKER CHANGE FORM | REC-450**

<input type="checkbox"/> Check here if any of the contact information entered below is new			
Company Name	Company Number	Company Email Address	
Address	City	State	Zip
Franchise Name (if applicable)		Company Phone	

<b>TERMINATING BROKER</b> Name	License Number
<b>Status</b> (check one)	<b>Action Required</b>
<input type="checkbox"/> I will now be an associate broker with this company	→ Complete and return this form
<input type="checkbox"/> My license is suspended/revoked	
<input type="checkbox"/> I am ending my affiliation with this company but will continue with my other affiliation(s)	→ Submit a <a href="#">License Change Form (REL-300)</a> and this form
<input type="checkbox"/> I am transferring to a new company	
<input type="checkbox"/> I am deactivating my license	
<input type="checkbox"/> I am not renewing my license	→ Until the license expires, you may act as an associate broker or deactivate with the <a href="#">License Change Form</a>
<input type="checkbox"/> Licensee is deceased	→ Submit the obituary or copy of the death certificate with this form

**NOTE:** If the terminating broker had a trust account the new broker does not wish to maintain, the terminating broker must include the attached **Report on Closing Trust Account**. Changes are effective on the date processed by KREC. Please allow at least three business days for processing. To verify the change of broker has been made, go to [www.krec.ks.gov](http://www.krec.ks.gov) and click on "Company Search."

*I certify that I will no longer act as supervising/branch broker for the above-named company or branch office.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

<b>NEW SUPERVISING/BRANCH BROKER</b> Name	License Number
<b>Status</b> (check one)	<b>Action Required</b>
<input type="checkbox"/> I am currently an associate broker with this Company	→ Complete and return this form
<input type="checkbox"/> I am affiliating with this Company	
<input type="checkbox"/> I am transferring to this Company	→ Submit a <a href="#">License Change Form (REL-300)</a> and this form
<input type="checkbox"/> I am reactivating my inactive license	

Will you maintain a trust account?  NO I WILL USE A 3<sup>RD</sup> PARTY OR OTHER \_\_\_\_\_  
 YES If yes, complete and return the attached **Trust Account Form**.

*I accept the responsibilities of supervising the above-named company or branch office.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED



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**SUPERVISING/BRANCH BROKER CHANGE FORM | REC-450  
TRUST ACCOUNT FORM**

Broker Name		Broker License Number	
Company Name		Franchise Name (if applicable)	Company Number
Trust Account Name (Account must include the words "Trust Account")		Account Number	
Bank, Saving and Loan Association, or Credit Union Name			
Street Address			
City	State	Zip	County
Phone	Email (if known)	Website (if known)	

**SUPERVISING/BRANCH BROKER CERTIFICATION**

**Trust Account Form - Consent to Audit**

**New Broker – Sign below if you are opening an account or continuing an existing account.**

***I hereby authorize the aforementioned bank, savings and loan association or credit union to allow any representative of the Kansas Real Estate Commission to examine the aforementioned account at any time and to obtain any copies of any records or information therefrom.***

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

**Report on Closing Trust Account**

**Terminating Broker – Sign below if the new broker is not continuing the account you opened.**

**If there are funds in the account which you are unable to disburse, contact KREC before closing the account and submitting this form.** If the funds have been in the account for five or more years, they may qualify for disbursement to the real estate recovery fund [K.S.A. 58-3061(i)]. You may send copies of contracts and any other documentation which reflects the date such funds were deposited, along with any information pertaining to efforts to disburse the funds. After review of the documentation, you will be notified whether or not the money can be disbursed to the recovery fund.

***I hereby notify KREC that the aforementioned trust account has been closed.***

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED



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**SUPERVISING/BRANCH BROKER CHANGE FORM | REC-450  
 Corporation, Partnership, LLC, LLP or PA Report**

**INSTRUCTIONS**

**Complete and attach this Report if your company is a Corporation, Partnership, LLC, LLP or PA.**

In the area provided, list all officers of the corporation or members of the partnership, LLC or professional association, the office held by each (or designate as partner/member), and their Kansas real estate license number, if licensed.

If the officer/partner/member is not licensed in Kansas, check "Unlicensed."

CORPORATION     PARTNERSHIP     LLC     LLP     PA

COMPANY NAME: \_\_\_\_\_

COMPANY NUMBER: \_\_\_\_\_

Name of Officer/Partner/Member	Title	KREC License #	Unlicensed
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

\_\_\_\_\_  
 SIGNATURE NEW SUPERVISING OR BRANCH BROKER

\_\_\_\_\_  
 DATE SIGNED

\_\_\_\_\_  
 PRINTED NAME NEW SUPERVISING OR BRANCH BROKER

\_\_\_\_\_  
 DATE SIGNED