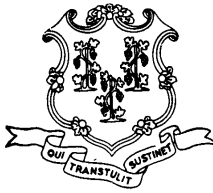


**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION**

License Services Division
450 Columbus Blvd, Ste. 801
Hartford, CT 06106
Email: dcp.licenseservices@ct.gov
Website: www.ct.gov/dcp



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|-----------------------|
| For Official Use Only |
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REAL ESTATE TEAM NAME AMENDMENT FORM

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| <p><u>INSTRUCTIONS:</u></p> <ul style="list-style-type: none"> • This form is to be used to change the name of an existing team name <u>only</u>. This form is <u>not</u> to be used to create a new team or to make any changes to the team members or sponsoring broker of the team. • All sections on this form must be completed by sponsoring broker of the team. • Please refer to our website: www.ct.gov/dcp for <i>Team Name Requirements and Guidelines</i>. • A check or money order in the amount of \$25.00 made payable to “<i>Treasurer, State of Connecticut</i>” must accompany this form. • This completed form and fee <u>must</u> be received and processed by this department <u>before</u> the new team name can be used. |
|--|

| | |
|-------------------|---------------------------|
| Current Team Name | Team Registration Number: |
|-------------------|---------------------------|

| |
|---------------|
| New Team Name |
|---------------|

| | |
|--|-----------------------------------|
| Name of the Sponsoring Broker/Legal Entity Responsible for this Team | Sponsoring Broker License Number: |
|--|-----------------------------------|

| | |
|---------------|------------------|
| Email Address | Telephone Number |
|---------------|------------------|

As the sponsoring broker of this team, I confirm the name change and ensure this team will comply with all laws and regulations concerning team advertisements.

| | | |
|-----------------------------------|--------------------------------|------|
| Printed Name of Sponsoring Broker | Signature of Sponsoring Broker | Date |
|-----------------------------------|--------------------------------|------|