



**STATE REAL ESTATE COMMISSION**  
PO Box 2649  
Harrisburg PA 17105-2649

Phone Number: 1-833-367-2762  
Fax Number: 717-787-0250  
[www.dos.pa.gov/estate](http://www.dos.pa.gov/estate)

## **REAL ESTATE EDUCATION PROVIDER CHANGE OF NAME AND/OR LOCATION APPLICATION FOR APPROVAL**

### **INSTRUCTIONS AND REQUIREMENTS**

Before completing this application, make sure this is the most recent version by comparing this application with the one available on our website at: **[www.dos.pa.gov/estate](http://www.dos.pa.gov/estate)**.

#### **Name Change**

1. Provide the name under which the education provider will operate.
2. The name must be acceptable to the Commission. The Commission will not accept any name that appears to indicate any connection with a real estate business, franchise, network, or organization, with the exception of a trade association.
3. Attach the following to the application:
  - ☐ An application fee of \$45.00 in the form of a check or money order made payable to the "Commonwealth of Pennsylvania."  
*All fees are NON-REFUNDABLE regardless of the issuance of a license. A \$20.00 processing fee will be charged for any check returned unpaid by your bank, regardless of the reason.*
  - ☐ Photocopy of the Pennsylvania Corporation Bureau-approved Fictitious Name Registration (if applicable)
  - ☐ Photocopy of the Pennsylvania Corporation Bureau-approved Certificate of Incorporation (for corporations), Certificate of Registration (for partnerships), or Certificate of Authority (for out of state entities)

#### **Change of Location**

1. A real estate education provider shall have a main location that contains its administrative offices, its records, and a listed telephone number for the provider's exclusive use.
2. The location where classes are taught shall:
  - a. Be suitable classroom space.
  - b. Not share office space, instruction space, or a common space with a real estate business, franchise, network, or organization. This paragraph does NOT apply to a real estate trade association OR to a contractual agreement between a real estate licensee and a real estate education provider to provide continuing education courses.
3. Attach the following to the application:
  - ☐ An application fee of \$70.00 in the form of a check or money order made payable to the "Commonwealth of Pennsylvania."  
*All fees are NON-REFUNDABLE regardless of the issuance of a license. A \$20.00 processing fee will be charged for any check returned unpaid by your bank, regardless of the reason.*
  - ☐ A certificate of licensure or approval verifying that you are an approved education provider in the jurisdiction where you are located. The name on the license or approval letter must match the name on this application; **(For Out of State Education Providers Only)**

- Blueprints or a diagram of the entire main location, including the administrative offices, classrooms (if you offer classes at your main location), restrooms, entrances, halls, doors, and windows, and the size and seating capacity for each classroom (if applicable).
  - If the school is located within the same building as a real estate business, franchise, network, or organization, the blueprint/diagram must also include the proximity of that entity in physical relation to the provider.
  - Blueprints/diagrams are required of all applicants, even if you are not offering classes at your main location.



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Answer all questions on this application. All information must be typed or printed in black or blue ink.

1. Education Provider's Name: CURRENT: \_\_\_\_\_

PROPOSED: \_\_\_\_\_

2. Education Provider's Address:

CURRENT: \_\_\_\_\_  
 (Street)

\_\_\_\_\_  
 (City, State, & ZIP)

PROPOSED: \_\_\_\_\_  
 (Street)

\_\_\_\_\_  
 (City, State & ZIP)

3. Education Provider's Telephone Number(s): (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (Main Location)

(\_\_\_\_) \_\_\_\_ - \_\_\_\_ (Administrative Offices)

4. Education Provider's Approval Number: \_\_\_\_\_

### **5. Real Estate Education Provider's Certification:**

- I have met all requirements and all information supplied on this application is true and correct to the best of my knowledge and belief.
- I have read, understand and agree to comply with the Pennsylvania Real Estate Licensing and Registration Act and the Commission's Regulations.
- I understand that any false statement made by me is subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) and may result in disciplinary sanction against my license and/or me.
- I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.
- I certify that the education provider:
  - Complies with 49 Pa. Code §35.341-35.363 of the Commission's Regulations concerning the approval and administration of real estate education providers.
  - Has a director of operations who meets the requirements of 49 Pa. Code §35.342 of the Commission's Regulations that relate to approval of a director.
  - All statements are made under oath and are subject to Commission investigation. Falsification or failure to answer a question is grounds for non-issuance of an approval or suspension or revocation of an issued approval.

\_\_\_\_\_  
 (Signature of Owner or Director and Printed Name of Signer)

\_\_\_\_\_  
 (Date)