



**LAS VEGAS REALTORS®**  
**6360 S. Rainbow Blvd**  
**Las Vegas, Nevada 89118**  
**(702) 784-5055 Membership@glvar.org**

For Official Use Only	
Agent #	_____
Firm #	_____
Broker Code	_____
Office ID #	_____
*MLS Department Notified	_____
By	_____

**CHANGE FORM**  
**ADDRESS AND NAME CHANGES OF OFFICES AND INDIVIDUALS**

DATE \_\_\_\_\_

Public ID \_\_\_\_\_

Firm Number \_\_\_\_\_

**INDIVIDUAL ADDRESS CHANGE ONLY**

_____	_____	_____	_____
Last Name	First Name	Initial	
_____	_____	_____	_____
New Address	City/State	Zip Code	Phone Number
_____	_____	_____	_____
Old Address	City/State	Zip Code	Phone Number
_____	_____	_____	_____
E-Mail _____	Web Site _____		

**INDIVIDUAL NAME CHANGE**

**\*Please provide copy of receipt from Real Estate Division or copy of large hanging license with new information**

_____	_____	_____
New Last Name	First Name	Initial
_____	_____	_____
Old Last Name	First Name	Initial

**OFFICE INFORMATION CHANGE**

**\*Please provide copy of receipt from Real Estate Division or copy of large hanging license with new information**

_____	_____
Office Name	Firm Number/Broker Code
_____	_____
New Address	City/State Zip Code
_____	_____
*****New Phone Number*****	*****New Fax Number*****
_____	_____
Old Address	City/State Zip Code

**BROKER'S SIGNATURE \_\_\_\_\_**

**\*\*\*\*\*OFFICE NAME CHANGE\*\*\*\*\***

**\*Please provide copy of receipt from Real Estate Division or copy of large hanging license with new information**

_____	_____
NEW OFFICE NAME	Broker Code
_____	_____
OLD OFFICE NAME	Broker Code

**BROKER'S SIGNATURE \_\_\_\_\_**