



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
7 Eagle Square, Concord, NH 03301  
Phone: 603-271-2152

Amendment Form: Change of Officers/Partners

Firm Name: \_\_\_\_\_

As it appears on your license

License Number: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

Firm Address : \_\_\_\_\_

Additions:

Name	Title	Residential Address	Salesperson	Broker
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Deletions:

_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Signature of Owner/Authorized Official

\_\_\_\_\_  
Title Within Firm

\_\_\_\_\_  
Date