

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

REAL ESTATE EXAMINING BOARD

NOTICE OF LICENSEE ASSOCIATION WITH FIRM

Section A: Identify licensee to be associated with a firm. The licensee may not provide brokerage services on behalf of a firm until licensee has notified DSPS by submitting this form.

Last Name	First Name	MI	Date of Birth
			/ /
Address (street, city, state, zip)			Daytime Telephone Number
			- -
License Number	Type of License		Association Effective Date
	<input type="checkbox"/> Broker <input type="checkbox"/> Salesperson		/ /

Section B: Identify firm with whom the licensee is to be associated.

Type of Firm: (check one) Sole Proprietor Broker Broker Business Entity (Association, LLC, LLP)

Name of Associated Firm: (exactly as it appears on license)

License Number of Firm

Business Address of Firm's Main Office: (street, city, state, zip)

Main Office Telephone Number

Section C: The following statement must be signed by the licensed sole proprietor broker or a licensed broker who is a business representative of the licensed broker business entity indicated above:

I certify that the firm listed above will be associated with and assume responsibility for the licensee and that failure to comply with the statutes and rules of the Department may be cause for disciplinary action.

Print Name of Broker Signing Below:

Date:

Signature of Sole Proprietor Broker or Representative Broker of Business Entity:

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

For Receiving Use Only (90/94)

\$10.00 Transfer Fee

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NOTICE OF TERMINATION OF LICENSEE ASSOCIATED WITH FIRM

NO FEE REQUIRED

Information: Notification of termination of association with a firm must be submitted within 10 days after the licensee ceases to be associated.

Section A: Licensee Information			
Last Name:	First Name:	MI	Date of Birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Address: (street, city, state, zip)		Daytime Telephone Number:	
<input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>	
License Number:	Type of License: <input type="checkbox"/> Broker <input type="checkbox"/> Salesperson		
<input type="text"/>			

Section B: Former Associated Firm Information	
Type of Firm: (check one) <input type="checkbox"/> Sole Proprietor Broker <input type="checkbox"/> Broker Business Entity (Association, LLC, LLP)	
Name of Associated Firm: (exactly as it appears on license)	License Number:
<input type="text"/>	<input type="text"/>
Business Address of Firm's Main Office: (street, city, state, zip)	Main Office Telephone Number:
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Section C: Complete and sign below.	
The licensee listed above has ceased/terminated association with the firm listed above effective on the following date: <input type="text"/> / <input type="text"/> / <input type="text"/>	
Print Name of Person Signing Below:	Date:
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature of Sole Proprietor Broker, Representative Broker of Business Entity, or Licensee:	
<input type="text"/>	