

Wisconsin Department of Safety and Professional Services

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REAL ESTATE EXAMINING BOARD

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.

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

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| 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) <input type="text"/> | License Number: <input type="text"/> |
| Business Address of Firm's Main Office: (street, city, state, zip) <input type="text"/> | Main Office Telephone Number: <input type="text"/> - <input type="text"/> - <input type="text"/> |

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| 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: <input type="text"/> | Date: <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Signature of Sole Proprietor Broker, Representative Broker of Business Entity, or Licensee: <input type="text"/> | |