

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: web@drl.state.wi.us  
Website: http://drl.wi.gov

## DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

### NOTICE OF REAL ESTATE EMPLOYMENT

*A salesperson, timeshare salesperson, or broker-employee may act as agent for a **BROKER-EMPLOYER** when this properly-completed form and fee has been submitted to the department.*

TYPE OR PRINT IN INK

**SECTION A: THIS SECTION IDENTIFIES THE LICENSEE WHO WILL BE EMPLOYED BY OR OTHERWISE WORK UNDER THE SUPERVISION OF ANOTHER BROKER.**

TYPE OF LICENSE ISSUED TO YOU:  Broker  Salesperson  Timeshare Salesperson

ENTER YOUR LICENSE NUMBER:

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Mailing address (Number, Street,)

\_\_\_\_\_  
City State Zip Code

DATE OF BIRTH: \_\_\_\_\_  
month day year

DAYTIME TELEPHONE NUMBER:  
(Include area code) (\_\_\_\_) \_\_\_\_\_

### LICENSEE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC.

I hereby swear and affirm that the answers set forth are true and correct to the best of my knowledge and belief and I understand that failure to comply with the statutes and rules of the Department may be cause for disciplinary action.

\_\_\_\_\_  
Signature of Licensee Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public (Seal) Date Commission Expires

### For Receiving Use Only

**APPLICATION FEE:** Make check payable to Department of Regulation and Licensing and attach to this application. If fee is not attached, processing of this form will not occur.

\$ 10.00

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**SECTION B: THIS SECTION IDENTIFIES THE BROKER WITH WHOM OR BY WHOM THE LICENSEE IN SECTION A WILL BE ASSOCIATED OR EMPLOYED**

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TYPE OF LICENSE: Broker-Employer is: (Check appropriate box.)  
 Sole Proprietor Broker  
 Business Entity (Corporation, Partnership, Association, Limited Liability Company)

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PRINT NAME AND ADDRESS OF BROKER-EMPLOYER EXACTLY AS THAT INDIVIDUAL SOLE PROPRIETOR, OR BUSINESS ENTITY IS LICENSED:

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Business Entity Name

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Business Address of Broker-Employer's Main Office (Number, Street, City, State, Zip Code)

License Number: \_\_\_\_\_ Main Office Telephone Number: \_\_\_\_\_  
(\_\_\_\_\_)\_\_\_\_\_

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*This statement must be signed by the sole proprietor broker-employer or a licensed broker who is a director, manager, member, officer, owner or partner of the broker-employer entity listed above.*

**This is to certify** that the broker-employer listed will assume responsibility for the licensee and failure to comply with the statutes and rules of the Department may be cause for disciplinary action.

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Print name of person signing below

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Signature of either the sole proprietor broker or a director, manager, member, officer, owner or partner of the broker-employer entity listed above.

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Date

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