

# Wisconsin Department of Safety and Professional Services

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## REAL ESTATE EXAMINING BOARD

### NOTICE OF LICENSEE ASSOCIATION WITH FIRM

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

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|--|---|
| <b>Section B: Identify firm with whom the licensee is to be associated.</b>  |   |
| <b>Type of Firm:</b> (check one) <input type="checkbox"/> Sole Proprietor Broker <input type="checkbox"/> Broker Business Entity (Association, LLC, LLP) |   |
| <b>Name of Associated Firm:</b> (exactly as it appears on license)<br><input type="text"/>   | <b>License Number of Firm</b><br><input type="text"/>   |
| <b>Business Address of Firm's Main Office:</b> (street, city, state, zip)<br><input type="text"/>  | <b>Main Office Telephone Number</b><br><input type="text"/> - <input type="text"/> - <input type="text"/> |

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| <b>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:</b>          |  |
| 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. |  |
| <b>Print Name of Broker Signing Below:</b><br><input type="text"/>   | <b>Date:</b><br><input type="text"/> / <input type="text"/> / <input type="text"/> |
| <b>Signature of Sole Proprietor Broker or Representative Broker of Business Entity:</b><br><input type="text"/>  |  |

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

\$10.00 Transfer Fee

For Receiving Use Only (90/94)