

# Wisconsin Department of Regulation & Licensing

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## DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

### NOTICE OF TERMINATION OF EMPLOYMENT OF BROKER OR SALESPERSON

### NO FEE REQUIRED

This notification must be submitted by either the employee or former broker-employer  
**within 10 days** after termination of employment

TYPE OR PRINT IN INK

EMPLOYEE'S LAST NAME:	FIRST NAME	MI
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EMPLOYEE'S MAILING ADDRESS (If mailing address is a P.O. Box, the Zip Code # must be that of the P.O. Box, not the street address.)

Number	Street	P.O. Box
City	State	Zip Code

EMPLOYEE'S LICENSE NUMBER:	TYPE OF LICENSE: <input type="checkbox"/> Broker <input type="checkbox"/> Salesperson
EMPLOYEE'S DATE OF BIRTH: _____ month day year	EMPLOYEE'S DAYTIME TELEPHONE NUMBER: ( ) _____

TYPE OF LICENSE FORMER (Mark an X in the appropriate space.)  
BROKER-EMPLOYER HOLDS:  Sole Proprietor Broker  Business Entity (Corp., LLC, Partnership)

ENTER NAME OF FORMER BROKER-EMPLOYER EXACTLY AS THAT INDIVIDUAL (SOLE PROPRIETOR), CORPORATION OR PARTNERSHIP IS LICENSED. (Do not give the trade name.)

ENTER LICENSE NUMBER OF FORMER BROKER-EMPLOYER: \_\_\_\_\_

BUSINESS ADDRESS OF THE FORMER BROKER-EMPLOYER'S MAIN OFFICE.

Number	Street	P.O. Box
City	State	Zip Code

ENTER MAIN OFFICE TELEPHONE NUMBER: ( ) \_\_\_\_\_

THE EMPLOYEE NAMED ABOVE HAS OR WILL RESIGN  
THE POSITION as an employee of the above-listed broker-  
employer, effective on the following date: \_\_\_\_\_

EITHER THE BROKER-EMPLOYER  
OR EMPLOYEE MUST SIGN

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date