

Wisconsin Department of Regulation & Licensing

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Madison, WI 53703
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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 is in the mail to the bureau.*

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:

ENTER YOUR NAME:

Last First Initial

ENTER YOUR MAILING ADDRESS: (NOTE: 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 Apartment # P.O. Box

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 license law or rules and regulations 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.

\$ 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

TYPE OF LICENSE: **Broker-Employer is:** (Mark an X in the appropriate space.)

Sole Proprietor Broker

Business Entity (Corporation, Partnership, Association, Limited Liability Company)

ENTER NAME AND LICENSE NUMBER OF BROKER-EMPLOYER EXACTLY AS THAT INDIVIDUAL SOLE PROPRIETOR, OR BUSINESS ENTITY IS LICENSED:

(continued)

LICENSE NUMBER: _____

ENTER THE BUSINESS ADDRESS OF THE BROKER-EMPLOYER'S MAIN OFFICE:

(NOTE: 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	Apartment #	P.O. Box
_____	_____	_____	_____
City	State	Zip Code	

ENTER MAIN OFFICE TELEPHONE NUMBER (include area code): (_____) _____

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 at the top of this page will assume responsibility for the licensee pursuant to the department rules.

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

Date

PRINT OR TYPE THE NAME OF THE PERSON SIGNING ABOVE.

Last First Initial
