

Wisconsin Department of Safety and Professional Services

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Madison, WI 53703

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR NEW SALESPERSON OR BROKER LICENSE

This application must be submitted within ONE YEAR following the date you passed the examination.

License Type for Which You are Applying (check one): Broker Broker-reciprocal Salesperson Salesperson-reciprocal

OFFICE USE ONLY

REG TYPE	LICENSE #	GRANT DATE	EXAM DATE:	PRIOR LICENSE OR BROKER'S EXAM

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

Your name and address are available to the public.

PLEASE TYPE OR PRINT IN INK

Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

Last Name	First Name	MI	Former / Maiden Name(s)

Mailing Address (number, street, city, state, zip)

Date of Birth	ENTER BUSINESS OR OCCUPATION FOR THE LAST TWO YEARS
_____ month day year	

Ethnic/gender status information is optional. Sex: M F Ethnic: White, not of Hispanic origin Black, not of Hispanic origin Hispanic American Indian or Alaskan Asian or Pacific Islander Other

Have you ever held a license/credential in the state of Wisconsin? ___ Yes ___ No (please indicate)

If yes, provide your Wisconsin license/credential number. _____

The license will expire on December 14 of the even-numbered year. It may be renewed for a two year period at that time.

Daytime Telephone Number
() _____ - _____

For Receiving Use Only

APPLICATION FEES: Please make check payable to the Department of Safety and Professional Services and attach to application. **Proof of education must be submitted with this application.**

Initial License (Sales & Broker)
\$ 75 Initial Credential Fee

Reciprocal License (Illinois & Indiana only)
\$ 72 – Broker License
\$ 72 – Salesperson License

Reinstatement (renewing a license after it has been expired for 5 yrs or more)
\$107 – Broker License
\$107 – Salesperson License

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STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| A. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, OR are criminal charges or DWI charges currently pending against you? <u>If YES, complete and attach Form #2252.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any fine, warning, forfeiture, reprimand, suspension, probation, limitation, voluntary surrender, revocation or disciplined in any other way? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is disciplinary action pending against you in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have any suits or claims ever been filed against you as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Safety and Professional Services or any of the Boards? <u>If YES, what type of credential?</u> _____
And if in another name, what name? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

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SECTION A: BROKER APPLICANTS ONLY

Check one of the following:

- I presently hold a salesperson's license in Wisconsin.
- I do not presently hold a salesperson's license in Wisconsin. I have passed the Wisconsin salesperson's exam and the Wisconsin broker's exam. I have also enclosed evidence of having satisfied the salesperson's education requirement.
- I presently hold a broker's license from a state that has a signed reciprocal agreement with Wisconsin.
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If you wish to register a trade name under which you intend to do business as an individual broker, enter that name.

If you will be a broker representative of a business entity (corporation, partnership, limited liability company) licensed to act as a broker in Wisconsin, enter:

- a) Name of business entity: _____
- b) Your title: _____
- c) Business entity Wisconsin broker's license number: _____

If the business entity is a new company which has not yet been licensed in Wisconsin, an Application For Real Estate Business Entity License (Form #815) and a \$75 fee must also be filed to obtain a license for the business entity.

TRUST ACCOUNT. You are not required to maintain a trust account before you receive monies in the capacity of a broker. However, real estate trust funds **MUST BE DEPOSITED** in a Wisconsin bank, savings and loan association, or credit union within 48 hours of receipt (or the next business day of a depository institution if it's closed on the day of receipt) and a Consent to Examine and Audit Trust Account (Form #814) must be completed by you and the depository institution and submitted to the department within 10 days after opening the account.

IF YOU WANT FORM #814 SENT WITH YOUR LICENSE, ENTER YOUR INITIALS: _____

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SECTION B: BROKER OR SALESPERSON APPLICANT INDICATING EMPLOYMENT UNDER ANOTHER BROKER

BROKER-EMPLOYER IS: Sole Proprietor Broker Business Entity (Corporation, Partnership, or Limited Liability Company)

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

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

Number Street City State Zip Code

ENTER LICENSE NUMBER OF BROKER-EMPLOYER	ENTER 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 representative of the business entity broker-employer.

THIS IS TO CERTIFY that the broker-employer listed above will assume responsibility for the licensee and that failure to comply with the statutes and rules of the Department may be cause for disciplinary action.

Print/type the name of the broker signing below. _____

Signature of Individual Broker or Representative Broker of Business Entity Date

SECTION C: CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

_____ a citizen or national of the United States, or

_____ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

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SECTION D: ALL APPLICANTS MUST COMPLETE THIS SECTION

AFFIDAVIT OF APPLICANT

(Sign and date in the presence of a notary)

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Signature of Applicant

Date

State of _____ County of _____

Subscribed and sworn to before this _____ day of

_____, 20____, by _____
(Applicant name)

Signature of Notary Public

S E A L

Date Commission Expires

