

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison WI 53705
Phone Number: (608) 266-2112

LicensE Portal: <https://license.wi.gov/>
Email: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

REAL ESTATE EXAMINING BOARD

NOTICE OF LICENSEE ASSOCIATION WITH FIRM

Form instructions: See [Guide for Employer/Association for a Real Estate Salesperson and Real Estate Broker](#).

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.

Last Name	First Name	MI	Date of Birth
			____ / ____ / _____
Address (number, street, city, state, zip code)			Daytime Telephone Number
			____ - ____ - _____
License Number	Type of License		Association Effective Date
	<input type="checkbox"/> Broker <input type="checkbox"/> Salesperson		____ / ____ / _____

Section B: Identify firm with whom the licensee is to be associated.

Type of Firm: (check one) Sole Proprietor Broker Broker Business Entity (Association, LLC, LLP)

Name of Associated Firm: (exactly as it appears on license)

License Number of Firm

Business Address of Firm's Main Office: (number, street, city, state, zip code)

Main Office Telephone Number

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.

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.

Print Name of Broker Signing Below:

Date:

Signature of Sole Proprietor Broker or Representative Broker of Business Entity:

(If unable to provide a digital signature print and sign form.)