

# Wisconsin Department of Safety & Professional Services

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 251-3036  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703

E-Mail: [dspsrenewal@wi.gov](mailto:dspsrenewal@wi.gov)  
Website: <http://dsps.wi.gov>

## REAL ESTATE BROKER OR SALESPERSON

### CONTINUING EDUCATION ADDENDUM

Name: \_\_\_\_\_ Credential #: \_\_\_\_\_  
(Please Print)

**PLEASE COMPLETE THE FOLLOWING INFORMATION WHICH IS REQUIRED IN ORDER TO RENEW YOUR LICENSE:**

I have completed the following continuing education courses totaling 18 hours as required for the 2015-2016 biennium. I have evidence of this which I will furnish to the Department of Safety and Professional Services upon request.

<u>Date</u>	<u>Course Title</u>	<u>School/Sponsor</u>	<u>Hours</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total Hours:** \_\_\_\_\_

I am a Commercial Broker so my course titles are not the usual for Real Estate.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

MAKING A FALSE STATEMENT IN CONNECTION WITH ANY APPLICATION FOR CREDENTIAL IS GROUNDS FOR REVOCATION OR DENIAL.