

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsp@wisconsin.gov
Website: <http://dsp.wi.gov>

REAL ESTATE EXAMINING BOARD

ADDENDUM TO ONLINE APPLICATION

INSTRUCTIONS:

Complete applicable section(s) below if you submitted your application via Online Licensure Application System (OLAS) and return directly to DSPS. You may fax/email: (608) 251-3036 or DSPSCREDREALESTATEBD@wisconsin.gov.

If you have a prospective firm, you must complete page 1. If the license is issued without registering a firm on this form, you will need to submit a Notice of Licensee Associated with Firm (**Form #812**) and a \$10.00 fee.

If you are a Broker applicant applying for initial licensure, complete page 2 to verify experience requirements.

APPLICANT INFORMATION:

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FIRM INFORMATION:

Type of Firm: (check one) Sole Proprietor Broker Broker Business Entity (Corporation, Partnership, or Limited Liability Company)

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

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

License Number of Firm:

Main Office Telephone Number:

--

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:

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

Date:

//

(Print and Sign Form)

