

# Wisconsin Department of Safety and Professional Services

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

LicensE Portal: [License.wi.gov](http://license.wi.gov)  
 Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
 Website: <http://dsps.wi.gov>

## REAL ESTATE EXAMINING BOARD

### REAL ESTATE BROKER BUSINESS ENTITY CHANGE IN BUSINESS REPRESENTATIVE

**Instructions:** A change in any of the business representatives must be reported to the Board within 30-days after the effective date of the change by submitting this form. No fee is required.

<b>PLEASE TYPE OR PRINT IN INK</b>	<input type="checkbox"/> Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address or PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).
<b>Name of Business Entity</b>	<b>Trade Name (if applicable)</b> <input style="width: 100%;" type="text"/>
<b>Address of Business Entity</b> (street) (city) (state) (zip code)	<b>Main Office Telephone Number</b> - -
<b>Mailing Address</b> (if different) (street/po box) (city) (state) (zip code)	<b>Business FEIN</b> -
<b>Type of Business:</b> <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other <input style="width: 150px;" type="text"/>	
<b>Has the entity been licensed in Wisconsin as a Real Estate Business Entity?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                 If yes, list credential number: <input style="width: 150px;" type="text"/>	
<b>Email Address</b> <input style="width: 100%;" type="text"/>	
<b>Business Representative Information</b> (Attach additional sheets if there are additional business representatives.)	
<b>Name of Licensed Individual Broker or Business Entity</b>	<b>WI License Number</b> <input style="width: 100%;" type="text"/>
<b>Address of Licensed Individual Broker or Business Entity</b> (street, city, state, zip code)	<b>Main Office Telephone Number</b> - -
<b>Occupation(s) during the last two (2) years</b> <input style="width: 100%;" type="text"/>	

**Office Use Only (91)**

**Change in Business Representative (no fee)**

# Wisconsin Department of Safety and Professional Services

Most types of business entities (including those formed under the laws of another state or country) must file documents with the Wisconsin Department of Financial Institutions (DFI). To confirm your status, you must first contact DFI at 608-261-7577 or at [www.wdfi.org/corporations](http://www.wdfi.org/corporations), then **check one** of the statements below:

- The Business Entity identified above is required by law to file documents with the Department of Financial Institutions in order to engage in business in Wisconsin and I certify that the documents have been filed, as required, and that the Business Entity has met current legal requirements to engage in business in Wisconsin, and has completed the Convictions and Pending Charges ([Form 2252](#)), if applicable
- The Business Entity identified above **has not filed documents**, as described above, with another Wisconsin agency, because the Business Entity is not required to do so.

**ANSWER THE FOLLOWING QUESTIONS** (Attach additional sheets if necessary.)

1.	Has the business entity or any of its business representatives ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? <b>If yes, give details on an attached sheet, including the name of the profession and the firm.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action the business entity or any of its business representatives, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? <b>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against the business entity or any of its business representatives in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the firm and status of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal or state law or do you have any felony, misdemeanor, or other violation of federal or state law charges pending against you in this state or any other? This includes convictions resulting from a plea of no contest, a guilty plea, or verdict. <b>If yes, submit Convictions and Pending Charges <a href="#">Form 2252</a> and required documentation.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have any suits or claims ever been filed against the business entity as a result of professional services? <b>If yes, attach a copy of the claim or suit and a copy of the final settlement or disposition.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is the business entity or any of its business representatives registered or licensed in any other profession(s)? <b>If yes, state what profession(s) and in what state(s):</b>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Has the business entity or any of its business representatives ever been credentialed under any other name(s)? <b>If yes, state name(s) credentialed under:</b>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CONTINUING DUTY OF DISCLOSURE:**

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

**AFFIDAVIT OF APPLICANT:**

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 of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

**Signature of Business Representative:**

**Date:**  /  /

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