

Wisconsin Department of Safety and Professional Services

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Madison, WI 53708-8935
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LicensE Portal: <https://license.wi.gov/>
Email: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

REAL ESTATE EXAMINING BOARD

NOTICE OF TERMINATION OF LICENSEE ASSOCIATED WITH FIRM

NO FEE REQUIRED

Information: Notification of termination of association with a firm must be submitted within 10 days after the licensee ceases to be associated. Form must be uploaded into LicensE, <https://license.wi.gov>. See [Guide for Employer/Association for a Real Estate Salesperson and Real Estate Broker](#) for details.

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

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|--|--------------------------------------|
| Section B: Former Associated Firm Information | |
| Type of Firm: (check one) <input type="checkbox"/> Sole Proprietor Broker <input type="checkbox"/> Broker Business Entity (Association, LLC, LLP) | |
| Name of Associated Firm: (exactly as it appears on license) | License Number: |
| | |
| Business Address of Firm's Main Office: (number, street, city, state, zip code) | Main Office Telephone Number: |
| | ____ - ____ - _____ |

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|--|-----------------|
| Section C: Complete and sign below. | |
| The licensee listed above has ceased/terminated association with the firm listed above effective on the following date: | ____/____/____. |
| Print Name of Person Signing Below: | Date: |
| | ____/____/____ |
| Signature of Sole Proprietor Broker, Representative Broker of Business Entity, or Licensee: (If unable to provide a digital signature print and sign form.) | Title: |
| | |

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