

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53708-8935
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 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.

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	

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:
	____ - ____ - _____

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:

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.