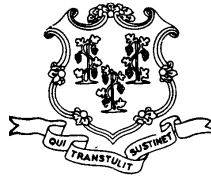


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 LICENSE SERVICES DIVISION
 450 Columbus Blvd, Ste 801
 Hartford, CT 06103
 Email: dcp.licenseservices@ct.gov
 Website: www.ct.gov/dcp



For Official Use Only

Real Estate Salesperson Transfer Form

INSTRUCTIONS

1. All sections on this form must be completed by the salesperson requesting the transfer and the supervising broker.
2. A check or money order in the amount of **\$25.00** made payable to "**Treasurer, State of Connecticut**" must accompany this form.
3. This completed form and fee must be received and processed by this department before you can represent a new broker.
4. An updated license certificate will be sent directly to the salesperson.
5. Mail this completed form and fee to the above address.

SALESPERSON INFORMATION

First Name	Middle Initial	Last Name	
Street Address	City	State	Zip Code
Email Address to be used for Correspondence		Telephone Number	
Real Estate Salesperson License Number to be Transferred:		RES #:	

I request that my active real estate salesperson license be transferred to the supervising broker listed below.

Signature of Real Estate Salesperson	Date
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SUPERVISING BROKER INFORMATION

Legal Name of Supervising Broker	Supervising Broker License #		
Street Address	City	State	Zip Code
Email Address to be used for correspondence		Telephone Number	

I accept the supervision of the licensed real estate salesperson listed above.

Signature of Supervising Broker	Date
Print Name of Supervising Broker	