

UPLOAD this form with all signatures (and attachments if applicable) from the OPTIONS menu on the License tile on your Dashboard.



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
REAL ESTATE COMMISSION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@delaware.gov

REQUEST FOR TRANSFER

1. Licensee Name: _____ License Number: R___ - _____

REQUEST TO BE SIGNED BY TRANSFERRING LICENSEE

Transfer my license to the office of the undersigned Broker whose employ I will enter when the Commission Office receives this request.

Are you the Broker of Record of the office you are leaving? Yes No **If yes, enter the following about your replacement:**

Name: _____ License Number: R___ - _____

Transferring Licensee Signature: _____ **Date:** _____

Home Address: _____
Street City State Zip

E-mail Address: _____

STATEMENT TO BE SIGNED BY EMPLOYING BROKER OF RECORD

I request that the above licensee be transferred to my office.

Signature of Employing Broker: _____ **Date:** _____

Printed Name of Employing Broker: _____ **Broker's DE License Number:** R___ - _____

Agency Name: _____ **E-mail Address:** _____

Physical Address: _____
City State Zip

STATEMENT TO BE SIGNED BY RELEASING BROKER OF RECORD

I release the above licensee from my office.

Signature of Releasing Broker: _____ **Date:** _____

Printed Name of Releasing Broker: _____ **Broker's DE License Number:** R___ - _____

- Electronic payment \$30.00 transfer fee.**
- IF you are transferring from an office outside Delaware to an office in Delaware, upload an original Certificate of Licensure History.**
- Please destroy original license and pocket card.**
- Current/releasing broker refused to sign form.**

REQUESTS NOT ACCOMPANIED BY THE REQUIRED FEE AND DOCUMENT WILL BE REJECTED