STATE OF DELAWARE
Real Estate Commission

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

PHONE: (302) 744-4500
WEBSITE: DPR.DELAWARE.GOV
EMAIL: CUSTOMERSERVICE.DPR@DELAWARE.GOV

REQUEST FOR LICENSE TRANSFER

Instructions

The transferring licensee and the employing broker and releasing broker must complete and sign this form. **Upload this completed and signed form with your License Transfer service request.**

Request to be Signed by Transferring Licensee

1. ☐ I am requesting to transfer my license to the office of the undersigned Broker whose employ I will enter when the Commission Office receives this request.

Transferring Licensee Signature: _____ Date: _____

Licensee Name: _____ License Number: R___-_____

Statement to be Signed by *Employing* Broker of Record

1. ☐ I understand that I must ensure that the Salesperson or Associate Broker must comply with the Commission's Rules, including meeting the Commission's continuing education requirements.
2. ☐ I must co-sign continuing education logs and maintain copies of continuing education certificates for the Salespersons and Associate Brokers for at least three years after the conclusion of each renewal period.
3. ☐ Main Office Number: **RM**-_____ or ☐ Branch Office Number: **R5**-_____
4. Printed Name of Employing Broker: _____
5. Broker's DE License Number: **RB** -_____
6. Office Name: _____
7. Physical Street Address: _____

_____ ____ _____
City State Zip

Signature of *Employing* Broker: _____ Date: _____

Statement to be Signed by *Releasing* Broker of Record

1. ☐ I am releasing the above licensee from my office. Office Number: **R**___-_____
2. Printed Name of Releasing Broker: _____
3. Broker's DE License Number: **RB**-_____

Signature of *Releasing* Broker: _____ Date: _____