

SECTION II- TERMINATING BROKER—NO FEE

I acknowledge that: _____
PRINT FULL NAME

IS NO LONGER AFFILIATED WITH _____
PRINT COMPANY NAME

I have attached a copy of the termination notice sent to the licensee's last known address and the licensee's wall license. If license not attached, please explain. _____

Broker's Registration Number _____

Broker's Personal Name _____

Broker's Signature _____ DATE _____

SECTION III-INACTIVE STATUS (RENEWAL FEE MUST BE PAID)

I desire to place my license on an inactive status until further notice. **(Maximum of 3years)**

NAME _____ EMAIL _____
PRINT NAME

HOME ADDRESS _____
NUMBER AND STREET CITY/COUNTY STATE ZIP CODE

SIGNATURE _____ HOME TELEPHONE NUMBER _____ DATE _____

SECTION IV – NEW BROKER

I hereby sponsor the licensee named on the reverse side of this form. I acknowledge that I am responsible for the licensee's activity pursuant to Business Occupations & Professional Article, Title 17.

TRANSFER FEE OF **\$25.00** OR REACTIVATION FEE OF **\$50.00** IS ENCLOSED WITH THIS APPLICATION.

NEW BROKER'S TRADE NAME _____ BROKER REG. # _____

BUSINESS ADDRESS _____ CITY COUNTY STATE ZIPCODE

BROKER'S SIGNATURE ONLY _____ TELEPHONE _____ DATE _____