

Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

NOTICE OF TERMINATION OF EMPLOYMENT OF BROKER OR SALESPERSON

NO FEE REQUIRED

This notification must be submitted by either the employee or former broker-employer
within 10 days after termination of employment

TYPE OR PRINT IN INK

EMPLOYEE'S LAST NAME:	FIRST NAME	MI
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EMPLOYEE'S MAILING ADDRESS

Number Street
City State Zip Code

EMPLOYEE'S LICENSE NUMBER:	TYPE OF LICENSE: <input type="checkbox"/> Broker <input type="checkbox"/> Salesperson
EMPLOYEE'S DATE OF BIRTH: _____ month day year	EMPLOYEE'S DAYTIME TELEPHONE NUMBER: () _____

TYPE OF LICENSE FORMER (Check appropriate box.)
BROKER-EMPLOYER HOLDS: Sole Proprietor Broker Business Entity (Corp., LLC, Partnership)
LICENSE NUMBER OF FORMER BROKER-EMPLOYER OR BUSINESS ENTITY: _____

NAME OF FORMER BROKER-EMPLOYER EXACTLY AS IT APPEARS ON LICENSE.
(Do not give the trade name.)

BUSINESS ADDRESS OF THE FORMER BROKER-EMPLOYER'S MAIN OFFICE

Street Address
City State Zip Code

MAIN OFFICE TELEPHONE NUMBER: () _____

THE EMPLOYEE NAMED ABOVE HAS OR WILL RESIGN THE POSITION as an employee of the above-listed broker-employer, effective on the following date: _____

Print name of person signing below

BROKER-EMPLOYER OR EMPLOYEE MUST SIGN

Signature

Date