

ATTACH LICENSE HERE
Mail Original Form with all
signatures to Delaware Real Estate
Commission at the address below.



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

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

DELAWARE REAL ESTATE COMMISSION
REQUEST FOR TRANSFER/INACTIVE STATUS/TERMINATION OR CANCELLATION OF LICENSE

Check one:

- Request for Transfer - **Complete Section A.**
- Request for Inactive Status - **Complete Section B.**
- Request for Termination by Releasing Broker - **Complete Section C.**
- Cancellation of License - **Complete Section D.**

Licensee Name: _____ License Number: _____

E-mail Address: _____

SECTION A: Request for Transfer \$16.00 FEE REQUIRED.

REQUEST TO BE SIGNED BY TRANSFERRING LICENSEE

Transfer my license to the office of the undersigned Broker whose employ I will enter upon receipt of this request by the Commission Office.

Note: You may transfer a *resident* license only to a *resident* broker or a *nonresident* license only to a *nonresident* broker.

Transferring Licensee Signature: _____

STATEMENT TO BE SIGNED BY EMPLOYING BROKER OF RECORD

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

_____	_____
Date	Signature of Employing Broker
_____	_____
Agency Name	Printed Name of Employing Broker
_____	_____
Mailing Address	Broker's Delaware License Number
_____	_____
City State and Zip	E-mail Address

STATEMENT TO BE SIGNED BY RELEASING BROKER OF RECORD

I release the above referenced licensee from my office. The current license and pocket card are attached.

_____	_____
Date	Signature of Releasing Broker
_____	_____
Broker's Delaware License Number	Printed Name of Releasing Broker

Note: You must enclose \$16.00 transfer fee and original license and pocket card with this original request form in order for the Commission Office to process the transfer. Also attach an original *Certificate of Licensure History* to all requests for nonresident broker license transfers.

SECTION B: Request for Inactive Status \$20.00 FEE REQUIRED.

Note: You must renew Inactive status by April 30 of even years. To reactivate, you are required to complete continuing education accrued during inactive period.

REQUEST TO BE SIGNED BY REQUESTING LICENSEE

Place my license on Inactive Status through April 30 of the current period.

_____	_____
Date	Signature of Licensee
_____	_____
Home Address	Printed Name of Licensee
_____	_____
City State Zip	E-mail Address

STATEMENT TO BE SIGNED BY RELEASING BROKER OF RECORD

I release the above referenced licensee from my office to inactive status. Attached are his/her license and pocket card.

_____	_____
Date	Signature of Releasing Broker
_____	_____
Broker's Delaware License Number	Printed Name of Releasing Broker of Record
_____	_____
Agency Name	E-mail Address

SECTION C: Request for Termination by Releasing Broker NO FEE REQUIRED.

STATEMENT TO BE SIGNED BY RELEASING BROKER OF RECORD

I release the above referenced licensee from my office to be terminated. Attached are his/her license and pocket card.

Date of Termination:_____	Licensee Name:_____
License Number:_____	Home Address:_____
_____	_____
Signature of Releasing Broker	
_____	_____
Printed Name of Releasing Broker	Broker's Delaware License Number
_____	_____
Agency Name & Address	

SECTION D: Cancellation of License NO FEE REQUIRED.

REQUEST TO BE SIGNED BY REQUESTING LICENSEE

I request cancellation of my above referenced license. I attach my license and pocket card.

_____	_____
Signature of Licensee	Date
_____	_____
Printed Name of Licensee	Home Address
_____	_____
License Number	