



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

STATE OF DELAWARE  
DEPARTMENT OF STATE  
DIVISION OF PROFESSIONAL REGULATION  
REAL ESTATE COMMISSION

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

**Application for Reinstatement of a Delaware Real Estate License**

License for which requesting reinstatement (check one):

- Resident Salesperson
- Resident Broker

- Nonresident Salesperson
- Nonresident Broker

1. Enter license number for which requesting reinstatement: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Last First M.I.

3. Mailing Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip

4. Email: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Social Security # \_\_\_\_\_

6. Explain why license was not renewed as required. Attach letter if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you hold, or have you ever held, a Real Estate license in any other jurisdiction? Yes  No   
If "yes," list: \_\_\_\_\_ **Attach a current certificate of licensure history from each state listed.**

8. Since your last renewal, has any disciplinary action been taken against your license in another state, territory or country? Yes  No  If "yes," attach separate sheet with details.

9. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? Yes  No  If "yes," submit a certified copy of your criminal history record.

- **Attach copies of all continuing education credit due. This request will be returned if this documentation is not included.**
- **Do not send any fee. You will later be notified the amount to send.**

**Note that the Commission is not under any obligation to reinstate a license.**

**You are not allowed to practice real estate until your broker receives a license for you.**

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Broker of Record must complete next page.**

## BROKER OF RECORD

I agree to sponsor the above licensee who will be associated with my office when the license is issued.

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Broker Name: \_\_\_\_\_

Delaware Broker's License Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Office Address: \_\_\_\_\_