UPLOAD this form with all signatures (and attachments if applicable) from the OPTIONS menu on the License tile on your Dashboard.



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

STATE OF DELAWARE

REAL ESTATE COMMISSION

TELEPHONE: (302) 744-4500 FAX: (302) 739-2711 WEBSITE: DPR.DELAWARE.GOV EMAIL: customerservice.dpr@delaware.gov

REQUEST FOR TRANSFER

CANNON BUILDING

1. Licensee Name: ______ License Number: R___-

REQUEST TO BE SIGNED BY TRANSFERRING LICENSEE		
Transfer my license to the office of the undersigned Broker whose employ I will enter when the Commission Office receives this request.		
Are you the Broker of Record of the office you are leaving? Yes 🗌 No 🗌 If yes, enter the following about your replacement:		
Name:	License Number: R	
Transferring Licensee Signature:		Date:
Home Address:Street		
		State Zip
E-mail Address:		
STATEMENT TO BE SIGNED BY EMPLOYING BROKER OF RECORD		
I request that the above licensee be transferred to my office.		
Signature of Employing Broker:		Date:
Printed Name of Employing Broker:	_ Broker's DE License Number:	R
Agency Name:	E-mail Address:	
Physical Address:		
City	State	Zip
STATEMENT TO BE SIGNED BY RELEASING BROKER OF RECORD		
I release the above licensee from my office.		
Signature of Releasing Broker:		Date:
Printed Name of Releasing Broker:	_Broker's DE License Number: F	۲
Electronic payment \$30.00 transfer fee.		
☐ <i>IF</i> you are transferring from an office outside Delaware to an office in Delaware, upload an original <i>Certificate</i> of <i>Licensure History</i> .		
Please destroy original license and pocket card.		
Current/releasing broker refused to sign form.		
REQUESTS NOT ACCOMPANIED BY THE REQUIRED FEE AND DOCUMENT WILL BE REJECTED		