



STATE OF DELAWARE
REAL ESTATE COMMISSION

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

SALES OR LEASE TRANSACTION LISTING INSTRUCTION SHEET

When to Submit

Submit a completed, signed [Sales or Lease Transactions Listing](#) form in the following situations:

- You are applying for a **reciprocal** Salesperson license based on three years of continuous licensure. List at least 20 sales or lease transactions that you completed during the three years immediately before your application.
- You are applying for a Broker or Associate Broker license. List at least 30 sales or lease transactions that you completed during the five years immediately before your application.

Note: Time share and property management transactions are *not* considered as eligible sales or lease transactions.

Procedure

1. Complete a separate [Sales or Lease Transactions Listing](#) for each Broker who supervised transactions. You may need more than one page to list all transactions supervised by the same Broker. Do not mix transactions supervised by different Brokers on the same page.
2. On **each** page, enter the following:
 - Your name as the Salesperson, Broker or Associate Broker applicant
 - Name of the *supervising* Broker for all transactions listed on the page
 - *Supervising* Broker's license number
 - Page number (e.g., 1 of 1, 2 of 3)
3. For **each** transaction you list, enter all of the following:
 - Transaction # - assign #1 through #20 for Salesperson applications and #1 through #30 for Broker/Associate Broker applications
 - Property address, including the **city, state and zip code**
 - Sale or lease completion date
 - Purchaser/lessee name
 - Seller/lessor name
 - Check YES if you *personally* completed the sale or lease. Check NO if a subordinate (that is, an agent you directly supervised) completed it.
4. You and the supervising Broker must sign the form. If you complete more than one page for the same Broker, you and the supervising Broker must sign each page.



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SALES OR LEASE TRANSACTION LISTING

Applicant Name:			Page # ____ of ____ for this supervising Broker		
Supervising Broker Name:					
Supervising Broker License #:					
#	Property Address City, State, Zip	Sale or Lease Completion Date (month/day/year)	Purchaser/Lessee Name	Seller/Lessor Name	Personally Completed?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

Applicant Signature: _____

Date: _____

Supervising Broker Signature: _____

Date: _____