



CANNON BUILDING
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

REAL ESTATE TRANSFER

STATEMENT OF PREVIOUS BROKER OF RECORD

The Broker of Record for the office where you are *transferring from* must complete and sign this part of the form.

INSTRUCTIONS

- Upload the completed document with the service request for Real Estate *License Transfer* in DELPROS.

IDENTIFYING INFORMATION

Full Name: _____
Last First Middle

BROKER OFFICE INFORMATION - Enter the information about the office where the licensee is *transferring from*.

Office Permit Number (if located in DE): Main / RM- _____ Branch / R5- _____

Office Name: _____

Office Location Address: _____

_____ City State Zip Code

STATEMENT OF PREVIOUS BROKER OF RECORD - Complete and sign the following statement.

I certify that the licensee named above has notified me in writing that he or she intends to affiliate with another Broker of Record.

Printed Name of Previous Employing Broker: _____ DE License: **RB**- _____

Signature of Previous Employing Broker : _____ Date: _____

INCOMPLETE DOCUMENTS WILL NOT BE ACCEPTED



CANNON BUILDING
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

REAL ESTATE TRANSFER

STATEMENT OF NEW EMPLOYING BROKER OF RECORD

The **NEW *employing*** Broker of Record for the office where you **will be employed** must complete and sign this part of the form.

INSTRUCTIONS

- Upload the completed document with the service request for Real Estate *License Transfer* in DELPROS.

IDENTIFYING INFORMATION

Licensee Full Name: _____
Last First Middle

REAL ESTATE EMPLOYMENT – Enter information about the office where the licensee will be employed.

Office Permit Number (if located in DE): Main / RM- _____ Branch / R5- _____

Office Name: _____

Office Location Address: _____

_____ City State Zip Code

Delaware Broker License for the office location listed above: **RB-** _____

STATEMENT OF EMPLOYING BROKER OF RECORD - Complete and sign the following statement.

I affirm that the licensee named above will be affiliated with my office as a real estate salesperson or associate broker upon completion of this transfer.

I affirm that the office named above has an active office permit in Delaware or other state.

Printed Employing Broker of Record Name: _____

Employing Broker of Record Signature: _____ **Date:** _____

INCOMPLETE DOCUMENTS WILL NOT BE ACCEPTED