Wisconsin Department of Regulation & Licensing

Mail To: **P.O. Box 8935**
Madison, WI 53708-8935

1400 E. Washington Avenue
Madison, WI 53703

FAX #: (608) 267-3816
Phone #: **(608) 266-2112**

E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us

APPLICATION INFORMATION FORM

ATTENTION

IMPORTANT INFORMATION PLEASE READ –

Attached is the application packet for a new salesperson or broker license.

Applicants applying for licensure as a salesperson or broker **must pass the examination** and complete all licensing requirements before submitting this application to the Department for licensure. A license will not be issued until the completed application has been received. An application is not considered complete until we receive all the required documents and fees.

#2621
Ch. 452, Stats.

Wisconsin Department of Regulation & Licensing

Mail To: **P.O. Box 8935**
Madison, WI 53708-8935
FAX #: (608) 267-3816
Phone #: **(608) 261-7097**

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INSTRUCTION PACKET FOR NEW SALESPERSON OR BROKER LICENSE

Enclosed are the forms for applying for a real estate salesperson or broker license.

APPLICATION – All applicants for licensure as a real estate salesperson or broker must complete the application (form #809). Please type or print all information when completing the application. If the mailing address is PO Box, the zip code # must be that of the PO Box, not the street address. **The application must be signed in the presence of a notary.**

EDUCATION – Proof of completion of the education requirement must be submitted.

Salesperson – Enclose one of the following as proof of completion of the education requirement:

1. A photocopy of a certificate issued by an approved school certifying completion of the salesperson's 72 hour education program.

   NON-RESIDENTS:

   a. Submit proof of completion of 13 designated hours at a Wisconsin-approved school.
   b. Submit copy of license from resident state.

2. A photocopy of transcript showing 10 academic semester-hour credits completed at an institution of higher learning in real estate or real estate- related law.

3. A photocopy of current bar membership card or a certificate of good standing in the Wisconsin State Bar.

Broker – Enclose one of the following as proof of completion of the education requirement:

1. A photocopy of a certificate issued by an approved school certifying completion of the 36-hour educational program in business management.

   NON-RESIDENTS:

   a. Submit proof of completion of 3 designated hours at a Wisconsin-approved school.
   b. Submit copy of license from resident state.
   c. If you do not presently hold a Wisconsin sales license, also submit proof of completion of salesperson's education requirements.

2. A transcript showing 20 academic semester-hours credit completed at an institution of higher learning in real estate or real estate-related law.

3. A photocopy of current bar membership card or a certificate of good standing in the Wisconsin State Bar.

Wisconsin Department of Regulation & Licensing

BROKER APPLICANTS – All broker applicants must complete Section A on the Application For New Salesperson or Broker License (Form #809).

SALESPERSON APPLICANTS – If you have a prospective broker-employer you must complete Section C of the application form. If the license is issued without registering a broker-employer on this form, you will not be able to operate as a salesperson until you submit a Notice of Real Estate Employment (Form #812) and a $10 fee which will be sent to you with your license to register the name of the broker-employer.

LICENSE RENEWAL AND CONTINUING EDUCATION – All licenses expire and must be renewed by December 31st of the even-numbered years. Renewal notices are mailed in November of even-numbered years. If this application is for your FIRST real estate license and is received by the department after November 1 of an even-numbered year, your license will expire at the end of the following biennium and you will not be required to renew until the end of the following biennium. You will be required to complete 12 hours of continuing education courses during the following biennium.

NAME AND ADDRESS CHANGES – You are required by sec. 440.11, Stats., to notify the department of any name or address changes within 30 days. Failure to comply may subject you to a $50 fine.

IMPORTANT – You may not operate as a real estate agent until you have actually received the license, which will be issued within ten days of receipt of the properly completed application form. This application must be submitted within ONE YEAR following the date you passed the examination.

Wisconsin Department of Regulation & Licensing

Mail To: **P.O. Box 8935**
Madison, WI 53708-8935
FAX #: (608) 267-3816
Phone #: **(608) 261-7097**

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR NEW SALESPERSON OR BROKER LICENSE

This application must be submitted within ONE YEAR following the date you passed the examination.

License Type for Which You are Applying: (check one) ☐ Broker ☐ Salesperson

OFFICE USE ONLY

REG TYPE	LICENSE #	GRANT DATE	EXAM DATE:	PRIOR LICENSE OR BROKER"S EXAM

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.
Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth
_____ _____ _____
month day year

Daytime Telephone Number
( ) _____ - _____

Ethnic/gender status information is optional.

Sex: ☐ M ☐ F

Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? _____Yes _____No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

ENTER BUSINESS OR OCCUPATION FOR THE LAST TWO YEARS:

For Receipting Use Only

APPLICATION FEES: Please make check payable to the Department of Regulation and Licensing and attach to application.

Initial License
$53 Initial Credential Fee

Reinstatement
$163 – Broker License
$118 – Salesperson License

#809 (Rev. 9/03)
Ch. 452, Stats.

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Regulation & Licensing

STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.
If you answer **YES** to any questions, give all details on a separate sheet.

	YES	NO
A. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, **OR** are criminal charges or DWI charges currently pending against you? If YES, complete and attach Form #2252.	☐	☐
B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If YES, give details on an attached sheet, including the name of the profession and the agency.	☐	☐
C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	☐	☐
D. Is disciplinary action pending against you in any jurisdiction? If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.	☐	☐
E. Have any suits or claims ever been filed against you as a result of professional services? If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.	☐	☐
F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If YES, what type of credential? _____ And if in another name, what name? _____	☐	☐

Wisconsin Department of Regulation & Licensing

SECTION A: BROKER APPLICANTS ONLY

Check one of the following:

_____ **I presently hold a salesperson's license in Wisconsin.**

_____ **I do not presently hold a salesperson's license in Wisconsin. I have passed the Wisconsin salesperson's exam and the Wisconsin broker's exam (the state portion only of salesperson's exam if applicant has been licensed in another state at any time during the past 2 years). I have also enclosed evidence of having satisfied the salesperson's education requirement.**

If you wish to register a trade name under which you intend to do business as an individual broker, enter that name.

If you will be a broker representative of a business entity (corporation, partnership, limited liability company) licensed to act as a broker in Wisconsin, enter:

a) Name of business entity: _____

b) Your title: _____

c) Business entity Wisconsin broker's license number: _____

If the business entity is a new company which has not yet been licensed in Wisconsin, an Application For Real Estate Business Entity License (Form #815) and a $53 fee must also be filed to obtain a license for the business entity.

TRUST ACCOUNT. You are not required to maintain a trust account before you receive monies in the capacity of a broker. However, real estate trust funds MUST BE DEPOSITED in a Wisconsin bank, savings and loan association, or credit union within 48 hours of receipt (or the next business day of a depository institution if it's closed on the day of receipt) and a Consent to Examine and Audit Trust Account (Form #814) must be completed by you and the depository institution and submitted to the department within 10 days after opening the account.

IF YOU WANT FORM #814 SENT WITH YOUR LICENSE, ENTER YOUR INITIALS: _____

Wisconsin Department of Regulation & Licensing

SECTION B: ALL APPLICANTS

AFFIDAVIT OF APPLICANT

(Sign and date in the presence of a notary)

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Real Estate Examining Board or the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

_____
Signature of Applicant

State of _____ County of _____

Subscribed and sworn to before this _____ day of

_____, 20_____, by _____
(Applicant name)

_____
Signature of Notary Public

S E A L

_____
Date Commission Expires

SECTION C: BROKER OR SALESPERSON APPLICANT INDICATING EMPLOYMENT UNDER ANOTHER BROKER

BROKER-EMPLOYER IS: ☐ Sole Proprietor Broker ☐ Business Entity (Corporation, Partnership, or Limited Liability Company)

ENTER NAME OF BROKER-EMPLOYER EXACTLY AS THAT INDIVIDUAL SOLE PROPRIETOR OR BUSINESS ENTITY IS LICENSED (Do not give the trade name.) _____

ENTER LICENSE NUMBER OF BROKER-EMPLOYER

ENTER MAIN OFFICE TELEPHONE NUMBER

(_____) _____

ENTER THE BUSINESS ADDRESS OF THE BROKER-EMPLOYER'S MAIN OFFICE.

_____
Number Street

_____
City State Zip Code

This statement must be signed by the sole proprietor broker-employer or a licensed broker who is a representative of the business entity broker-employer.

THIS IS TO CERTIFY that the broker-employer listed above will assume responsibility for the licensee pursuant to the Department rules.

Print/type the name of the broker signing below. _____

_____ _____
Signature of Individual Broker or Representative Broker of Business Entity Date

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.[1] A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

_____

First Name **Middle Initial** **Last Name**

_____

Profession

Date of Birth _____ _____ _____

month day year

☐☐☐ - ☐☐ - ☐☐☐☐

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,[2] to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,[3] and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.[4]

[1] Section 440.03 (11m), Wis. Stats.

[2] Sections 49.22, and 440.13, Wis. Stats.

[3] Section 440.12, Wis. Stats.

[4] Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

Wisconsin Department of Regulation & Licensing

Mail To: **P.O. Box 8935**
Madison, WI 53708-8935

1400 E. Washington Avenue
Madison, WI 53703

FAX #: (608) 261-7083
Phone #: **(608) 266-2112**

E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us

CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a $6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth	Social Security Number
_____ month _____ day _____ year	_____ Information helps us identify your record, but is voluntary. It is not available to the public.

Ethnic/gender information is required to check criminal information records.

Sex: ☐ M ☐ F

Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

1. List all other names used: _____

2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

   It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE	DATE	CITY/STATE

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

	YES	NO	MO/YR COMPLETED
3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program?	☐	☐	_____
Did you successfully complete the program?	☐	☐	_____

Please attach the certificate of completion/discharge summary.

	(Check all that apply)	YES	NO	MO/YR COMPLETED
4. Have you ever been sentenced to:	☐ Probation	☐	☐	_____
	☐ Parole	☐	☐	_____
	☐ Ordered to pay restitution	☐	☐	_____
Did you successfully complete one of the above as ordered by the court?		☐	☐	_____

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

PENDING CHARGE	DATE OF ARREST	LOCATION OF ARREST (city/state)

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

_____

_____

_____

_____

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

_____
Signature

State of _____ County of _____

Signed and sworn before me this _____ day of _____, 20 _____ by _____
(applicant's name)

_____
Signature of Notary Public

My commission (is permanent) _____ expires _____.

SEAL

Wisconsin Department of Regulation & Licensing

Mail To: **P.O. Box 8935**
Madison, WI 53708-8935
FAX #: (608) 267-1803
Phone #: **(608) 266-2112**

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us

NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.[a] An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at *http://www.legis.state.wi.us/rsb/code/rl/rl.html* and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at *http://www.drl.state.wi.us/* under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 2/03) ss. 15.04 (1) (m), 19.35, Stats.

[a] Section RL 4.06 of the Wisconsin Administrative Code