Wisconsin Department of Safety and Professional Services Mail To: P.O. Box 8935 1400 E. Washington Avenue

Madison, WI 53708-8935

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DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

NOTICE OF REAL ESTATE EMPLOYMENT

| Section A: Identify licensee to may result in a production | | the supervision of th | ne broker. Failure to provide all information |
|--|--|-------------------------|---|
| may result in a prov | cessing uciuy. | | Employment Effective date |
| Type: Salesperson Timeshare Salesperson | | | |
| Last Name | First Name | MI | Date of Birth |
| | | | |
| Address (street, city, state, zip) | | | Daytime Telephone Number |
| | | | |
| Section B: This section identifie | s the broker with whom or by wh | om the licensee in Se | ection A will be associated or employed. |
| Broker-Employer is (check one): | A Sole Proprietor Broker | A Business Entit | ty (Association, LLC, LLP) |
| Print name and address of broker | r-employer <u>exactly</u> as that individu | ıal sole proprietor or | business entity is licensed in the below fields: |
| Business Entity Name | | | |
| | | | |
| Business Address of Broker-Emp | oloyer's Main Office (Number, Str | reet, City, State, Zip | Code) |
| | | | |
| License Number | | Main Of | fice Telephone Number |
| | | | |
| | | | employer or a licensed broker who is a director, |
| | officer, owner or partner of the | | • |
| This is to certify that the broker-erules of the Department may be c | | nsibility for the licen | see, and failure to comply with the statutes and |
| Signature of the sole proprietor be above. | roker or a director, manager, mem | nber, officer, owner o | or partner of the licensed business entity listed |
| | | | |
| Print name | | | Date// |
| APPLICATION FEE: Make check poprocess this form only if the fee attack | ayable to DSPS and attach to this app | lication. The Departme | ent will For Receipting Use Only |
| \$10.00 | | | |
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#812 (Rev. 5/15) Ch. 452, Stats.