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STATE OF DELAWARE REAL ESTATE COMMISSION TELEPHONE: (302) 744-4500 FAX: (302) 739-2711 WEBSITE: <u>DPR.DELAWARE.GOV</u> EMAIL: <u>customerservice.dpr@delaware.gov</u>

# **REAL ESTATE TRANSFER – STATEMENT OF EMPLOYING BROKER OF RECORD**

## INSTRUCTIONS

- The employing Broker of Record for the office where you will be employed completes this form.
- Upload the completed document with the Service Request *Real Estate Transfer* in DELPROS.

# IDENTIFYING INFORMATION

Full Name:				
	Last	First	Middle	

#### **REAL ESTATE EMPLOYMENT** - Information about the real estate office where the applicant will be employed.

Main Office/Branch Office Permit Number:		
Office Name:		
City	State	Zip
Printed Broker of Record Name:		
Delaware Broker License for the office loca	ation listed above: <b>RB-</b>	
STATEMENT OF EMPLOYING BROKER	OF RECORD - Complete and sign the follo	wing statement.
I affirm that the applicant named at completion of this transfer.	bove will be affiliated with my office as a rea	I estate salesperson or associate broker upon
I affirm that the office named above	e has an active office permit in Delaware or	other state.
BROKER OF RECORD SIGNATURE:		Date:

# INCOMPLETE DOCUMENTS WILL NOT BE ACCEPTED.