

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Office Location:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## REAL ESTATE EXAMINING BOARD

### VERIFICATION OF EXAMINATION OR REGISTRATION

**APPLICANT: Complete top portion of this form and forward to registration agency.** Proper completion of this form is required for processing of the application. Any alteration made to the form will void the form. Failure to submit proper documentation of employment will delay processing of your credential application.

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address: (street, city, state, zip) <input type="text"/>			
Date of Birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Type of Credential: <input type="checkbox"/> Salesperson <input type="checkbox"/> Broker		
Original State of Licensure: <input type="text"/> <input type="text"/>	Credential Number: <input type="text"/>		

**REGISTRATION AGENCY: Complete Section below and return directly to DSPS.** You may fax/email to: (608) 251-3036 or [DSPSCREALESTATEBD@wisconsin.gov](mailto:DSPSCREALESTATEBD@wisconsin.gov).

The above named individual was registered as a/an: Type of Credential: ☐ Salesperson ☐ Broker

#### License Issued by the Following Method:

Written Examination	Reciprocity	State	License #	Date Granted	Expiration Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

Is there any disciplinary action pending or was any formal disciplinary action ever taken against the above named individual?

☐ Yes ☐ No If yes, please give details on reverse side.

Form Completed By <input type="text"/>	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Title <input type="text"/>	State <input type="text"/> <input type="text"/>