



Bureau of Professional Licensing
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REAL ESTATE ASSOCIATE BROKER OR SALESPERSON LICENSE TRANSFER APPLICATION OR EMPLOYING BROKER NOTIFICATION

Authority: 1980 PA 299, MCL 338.3434a

Name (First, Middle, Last)			Permanent I.D. Number (if applicable)	
Address		City		
State	ZIP Code	Telephone Number	Last 4 digits of U.S. Social Security Number	
Ending date of employment with previous employing broker:		E-mail Address		
NEW EMPLOYING BROKER INFORMATION				
Name of New Employing Broker (as shown on Broker's license) DO <u>NOT</u> USE DBA, Associate Broker or Branch Office.			Broker Permanent I.D. Number	
Address		City	State	Zip Code
CERTIFICATION (BOTH MUST SIGN)				
I certify I have provided written notification of termination of employment with my previous employing broker.				
I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434a.				
_____ Signature			_____ Date	
I certify this applicant will be employed by the Real Estate Broker stated above.				
_____ Employing Broker's Signature			_____ Date	
CHECK THE LICENSE TYPE			FOR OFFICE USE ONLY	
<input type="checkbox"/> Transfer of License OR Reissue of License in Same Three-year Licensing Cycle \$10.00		6501-33	License Number	Issue Date
<input type="checkbox"/> Employing Broker Notification \$0.00 (For use by a new online salesperson applicant who <u>did not</u> designate an employing broker & has not yet been issued a license – form can be faxed to (517) 241-0035.)				
Make your check or money order in US Currency payable to: STATE OF MICHIGAN				
FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152, AND ARE NOT REFUNDABLE.				

BPL/REXFREBN (Rev. 10/19)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.