



WYOMING REAL ESTATE COMMISSION

12/08

2020 CAREY AVE, SUITE 702
CHEYENNE WYOMING 82002-0180
(307) 777-7141

TRANSFER OF REAL ESTATE BROKER LICENSE

RESPONSIBLE BROKER _____

TRADE _____ **NAME** _____

(Cannot exceed 40 characters including spaces)

CORPORATION NAME _____

LIMITED LIABILITY COMPANY NAME _____

PARTNERSHIP NAME _____

BUSINESS ADDRESS _____

_____ Street Address City State Zip Code

MAILING ADDRESS _____

_____ Box No. or Street Address City State Zip Code

OFFICE TELEPHONE _____ **FAX** _____

WEB SITE _____ **E-MAIL** _____

RESIDENCE ADDRESS _____

_____ Box No. or Street Address City State Zip Code

_____ **Home Phone** _____ **Personal E-mail Address** _____

OFFICE COMPLIES WITH LOCAL ZONING REGULATIONS _____ **YES** _____ **NO**
(If you are establishing a real estate office in your home, you must attach a letter of approval from your local zoning office.)

NAME, NUMBER AND LOCATION OF WYOMING TRUST ACCOUNT/ WYOMING TITLE COMPANY:

(Attach Voided Deposit Slip)

Have you been convicted or pleaded *nolo contendere* to a felony or are any such charges pending at this time? _____ **Yes** _____ **No** If yes, attach explanation.

\$30 TRANSFER FEE IS ENCLOSED
PROOF OF ERRORS AND OMISSIONS INSURANCE (\$100,000/\$500,000)

OLD LICENSE AND POCKET CARD MUST BE RETURNED TO THE COMMISSION BEFORE LICENSE

CAN BE REISSUED.

If you are a partnership, corporation or limited liability company you must also submit an application for that entity. You must have permission of franchisor if you want to include the franchise name in your license name.

DATE: _____

(Signed) _____

(Responsible Broker)