

Mail original form with all signatures to Commission office at the address below.



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
REAL ESTATE COMMISSION

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**REQUEST FOR TRANSFER/INACTIVE STATUS/TERMINATION OR CANCELLATION OF LICENSE**

1. Type of request (check one):
- Request for Transfer - Complete Section A.
  - Request for Inactive Status - Complete Section B.
  - Request for Termination by Releasing Broker - Complete Section C.
  - Cancellation of License - Complete Section D.

2. Licensee Name: \_\_\_\_\_ License Number: R\_\_\_ - \_\_\_\_\_

**SECTION A: REQUEST FOR TRANSFER**

REQUEST TO BE SIGNED BY TRANSFERRING LICENSEE

*Transfer my license to the office of the undersigned Broker whose employ I will enter when the Commission Office receives this request.*

Are you the Broker of Record of the office you are leaving? Yes  No  If yes, enter the following about your replacement:

Name: \_\_\_\_\_ License Number: R\_\_\_ - \_\_\_\_\_

Transferring Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

E-mail Address: \_\_\_\_\_

STATEMENT TO BE SIGNED BY EMPLOYING BROKER OF RECORD

*I request that the above licensee be transferred to my office.*

Signature of Employing Broker: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Employing Broker: \_\_\_\_\_ Broker's DE License Number: R\_\_\_ - \_\_\_\_\_

Agency Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip

STATEMENT TO BE SIGNED BY RELEASING BROKER OF RECORD

*I release the above licensee from my office.*

Signature of Releasing Broker: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Releasing Broker: \_\_\_\_\_ Broker's DE License Number: R\_\_\_ - \_\_\_\_\_

- Enclose \$25.00 transfer fee.
- IF you are transferring from an office outside Delaware to an office in Delaware, attach an original Certificate of Licensure History.
- Please destroy original license and pocket card.

**REQUESTS NOT ACCOMPANIED BY THE REQUIRED FEE AND DOCUMENT WILL BE REJECTED.**

**SECTION B: REQUEST FOR INACTIVE STATUS**

*You must renew Inactive status by April 30 of even years.  
To reactivate to Active status, you must complete continuing education accrued during inactive period.*

REQUEST TO BE SIGNED BY REQUESTING LICENSEE

*Place my license on Inactive Status through April 30 of the current period.*

**Licensee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street City State Zip

E-mail Address: \_\_\_\_\_

STATEMENT TO BE SIGNED BY RELEASING BROKER OF RECORD

*I release the above licensee from my office to inactive status.*

**Signature of Releasing Broker:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name of Broker: \_\_\_\_\_ Broker's DE License Number: R \_\_\_\_ - \_\_\_\_\_

Agency Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

- Enclose \$40.00 inactive license fee.
- Please destroy original license and pocket card.

**REQUESTS NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.**

**SECTION C: REQUEST FOR TERMINATION BY RELEASING BROKER**

*I release the above licensee from my office to be terminated.*

Termination Date: \_\_\_\_\_

**Signature of Releasing Broker:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name of Broker: \_\_\_\_\_ Broker's DE License Number: R \_\_\_\_ - \_\_\_\_\_

Agency Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

**Licensee Home Address:** \_\_\_\_\_  
Street City State Zip

- Please destroy original license and pocket card. **NO FEE REQUIRED**

**SECTION D: CANCELLATION OF LICENSE BY LICENSEE**

*I request cancellation of my above referenced license.*

**Licensee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street City State Zip

- Please destroy original license and pocket card. **NO FEE REQUIRED**