



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

STATE OF DELAWARE  
DEPARTMENT OF STATE  
DIVISION OF PROFESSIONAL REGULATION  
REAL ESTATE COMMISSION

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

### APPLICATION FOR ADDITIONAL BROKER OF RECORD

Complete this application if you are already the Broker of Record for an office and wish to become Broker of Record for an **additional** office. A separate application and processing fee are required for each office for which you are Broker of Record. See [Fee Schedule](#) at [www.dpr.delaware.gov](http://www.dpr.delaware.gov). Click on *Real Estate* and then *Fee Schedule*.

#### TYPE OF APPLICATION

- Select type of Broker application you are filing (check one):
  - I am applying as Broker of Record for an additional office located *in Delaware*.
  - I am applying as Broker of Record for an additional office located *outside of Delaware*.
- Enter Delaware Broker license number(s): \_\_\_\_\_

#### IDENTIFYING AND CONTACT INFORMATION

- Full Name: \_\_\_\_\_  
 Last First Middle
- Date of Birth (month/day/year): \_\_\_\_\_ Gender: Male  Female
- Do you have a U.S. Social Security Number? Yes  No  If yes, enter SSN: \_\_\_\_\_ If no, you must submit a [Request for Exemption from Social Security Number Requirement](#).
- Personal** Address: \_\_\_\_\_  
 City State Zip
- Phone: \_\_\_\_\_ 8. Email: \_\_\_\_\_

#### INFORMATION ABOUT ADDITIONAL OFFICE - *This will be the mailing address on your new license.*

- Company Name:** \_\_\_\_\_
- Mailing Address:** \_\_\_\_\_  
 City State Zip

If the additional office is not in Delaware, arrange for the state where the office is located to send a verification of your licensure history *directly* to the Delaware Commission office.

#### DISCLOSURES

- Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction?  
 Yes  No  **If yes, submit an certified copy of your criminal history record.**
- Have you received any administrative penalties regarding your licensed practice, including but not limited to fines, formal reprimands, license suspensions or revocation (except for revocation for nonpayment of license renewal fees), probationary limitations, or have ever entered into any consent agreements, or surrendered a license voluntarily?  
 Yes  No  **If yes, submit a letter giving a complete explanation.**

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. Please note: When your application is complete, please allow 4-8 weeks to receive your license.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATIONS THAT ARE UNSIGNED, INCOMPLETE OR NOT ACCOMPANIED BY THE FEE WILL BE REJECTED.**