

## Requests for Certifications of License History - \$25.00 \$30.00 Processing Fee Charged For All Returned Payments

Please allow seven to ten business days for processing.

When requesting a certification of license history from our office the following information is needed from the licensee about whom the certification is requested:

## I. LICENSEE INFORMATION

Full Legal Name:		
Residence Address:		
City:	_State:	_Zip:
Email Address:		

License ID Number: \_\_\_\_\_ Daytime phone number or email address:\_\_

## II. ENTITY FOR WHOM CERTIFICATION IS BEING OBTAINED

Please provide below information about the entity for whom the certification is being requested. If the certification is for an agency or office that is not another real estate regulatory jurisdiction, we still require the following information. If additional jurisdictions are requested, please attach the following information on a separate piece of paper.

Entity or Jurisdiction:			
Contact Person:			
Address:			
City:	State:	Zip:	
Email Address:			
a. CERTIFICIATION MAILING Please verify where the origina Licensee at the add Licensee at the fol The Entity for which OR b. CERTIFICIATION EMAIL IN Please verify where the origina Licensee at the ema Requestor at the fol	al Certification is to be sent. (choos ress listed in Section I above. lowing address: you have requested the certification	listed in Section II.	
(Signature of the Requestor)		(Date)	
Requestor's Printed Name			
Requestor's Daytime phone number o	r email address		
FOR OFFICE USE ONLY			
Date Received R	eceipt#	Date Issued	
Revised 2/23			