



Use this form to transfer your license from one firm to another or activate your license.

Online: <https://professions.dol.wa.gov>

Or mail this completed form to:

**Real Estate Licensing
Department of Licensing
PO Box 9021
Olympia, WA 98507**



For questions or language help call: (360) 664-6500 or (360) 664-6488

Incomplete applications will not be processed.

Request for *(check all that apply)*

- Transfer—the designated broker/branch manager **of the firm/branch the applicant is leaving** must complete the Release of License *(see next page)* or attach a signed off license
- Activation (from inactive to active status)

Applicant Information

| | | |
|--|--------------------------|----------------------------|
| TYPE or PRINT Name as it appears on your real estate license | | Date of birth (mm/dd/yyyy) |
| License number | (Area code) Phone number | Email |
| Home address <i>(Address, City, State, ZIP code)</i> | | |
| Military? <i>(check if applicable)</i> | | |
| Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner | | |

Legal background

Answer the following
Answer the questions below. If you answer "Yes," attach a detailed explanation.

1. Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? Yes No
2. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) Yes No

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

| | |
|--|---------------------------------|
| | TYPE or PRINT Name |
| | X Applicant signature |

Date and place

Release of license (transfers only)

| | | |
|---|-----------------------------|----------------------------|
| TYPE or PRINT Firm/Branch name applicant is leaving | | Firm/Branch license number |
| Firm mailing address (Address or PO Box, City, State, ZIP code) | | |
| Name of designated broker/branch manager | Name of released individual | License number |
| I hereby release the above-named individual. | | |
| | | TYPE or PRINT Name |
| | | X |
| Signature | | Date |

New firm/branch Information

| | | |
|--|----------------------------|--------------------------|
| TYPE or PRINT Firm name (where applicant will be licensed) | Firm/Branch license number | (Area code) Phone number |
| Mailing address (Address or PO Box, City, State, ZIP code) | | |
| Physical address, if different (Address, City, State, ZIP code) | | |
| Designated broker/Branch manager name (as it appears on license) | License number | |
| | | TYPE or PRINT Name |
| | | X |
| Designated broker/Branch manager signature | | Date |

***If not signed by the Designated broker or Branch manager, submit a copy of the delegation authority.**
 RCW 18.85.191; 18.85.361(6); 26.23.150; 42.56