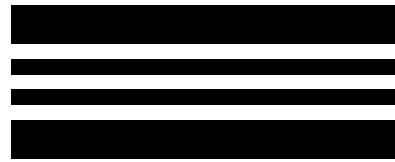




# Real Estate License Transfer and Activation



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	10-digit phone number	Email
Home address <i>(Address, City, State, ZIP code)</i>		

**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
	<b>X</b> 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>I hereby release the above-named individual.</i>		
_____ TYPE or PRINT Name		
<b>X</b> Signature		Date

**New firm/branch Information**

TYPE or PRINT Firm name (where applicant will be licensed)	Firm/Branch license number	10-digit 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		
<b>X</b> 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