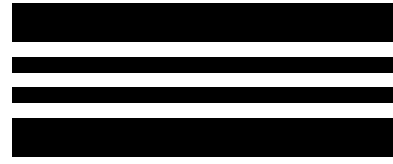




Real Estate Firm Controlling Interest



Change owners or persons with a controlling interest in your firm.

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

Firm information

TYPE or PRINT Firm name (as it appears on your license)
UBI/UBI Business ID/UBI Location ID (16 digits)
Physical location address (Street address, City, State, ZIP code)

Controlling interest

List all owners and/or persons with a controlling interest in this firm, including the names of all people who gained a controlling interest after the formation of the firm. Controlling interest is defined as the ability to control either the operational, financial, or both, decisions of the firm. The designated broker must be granted the authority to control the operational and financial decisions of the firm, whether or not they have ownership interest. Attach additional sheets, if necessary.

1 TYPE or PRINT Designated broker name (First, Middle, Last)	Check one <input type="checkbox"/> New <input type="checkbox"/> Current
Mailing address (Address, City, State, ZIP code)	
2 Name (First, Middle, Last)	Check one <input type="checkbox"/> New <input type="checkbox"/> Current
Mailing address (Address, City, State, ZIP code)	
3 Name (First, Middle, Last)	Check one <input type="checkbox"/> New <input type="checkbox"/> Current
Mailing address (Address, City, State, ZIP code)	
Answer the following Has anyone listed above been the subject of a final Departmental Order, as provided in the Administrative Procedure Act (34.05 RCW), suspending or revoking any type of real estate license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on a separate sheet.	

By signing this application you understand that we, the Department of Licensing, have the right to enter your business locations at reasonable times to inspect the records that you are required to keep by the laws and regulations that govern the license you are applying for.

It is your responsibility as a licensee to cooperate with an audit or an investigation by providing the Department of Licensing with the requested documents and a written explanation of the matter contained in a complaint.

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

_____	TYPE or PRINT Name
_____	X Signature of designated broker
_____	Date and place

Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.