

# Wisconsin Department of Safety and Professional Services

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## DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

### NOTICE OF BROKER ENGAGING IN INDEPENDENT PRACTICE

#### NO FEE REQUIRED

**Information:** Notification must be submitted to the Department before engaging in independent real estate practice.

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| <b>Section A: Broker Information</b>  |   |
| Name under which the Broker will engage in independent practice<br><input type="text"/> |   |
| Name of the Firm which the Broker is associated with<br><input type="text"/>            |   |
| Brokers' Address (street, city, state, zip)<br><input type="text"/>                     | Broker's Daytime Telephone Number<br><input type="text"/> - <input type="text"/> - <input type="text"/>         |
| License Number <input type="text"/>   | Type of License <input type="checkbox"/> Sole Proprietor Broker <input type="checkbox"/> Broker Business Entity |

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|--|---|
| <b>Section B: Complete and sign below.</b>   |   |
| The broker will engage in independent real estate practice effective: <input type="text"/> / <input type="text"/> / <input type="text"/> |   |
| Print Name of Person Signing Below:<br><input type="text"/>  | Date:<br><input type="text"/> / <input type="text"/> / <input type="text"/> |
| Signature of Sole Proprietor Broker or Representative Broker of Business Entity:<br><input type="text"/>                                 |   |