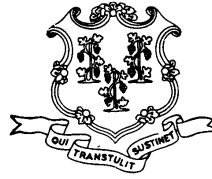


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
 LICENSE SERVICES DIVISION  
 450 Columbus Blvd, Ste 801  
 Hartford, CT 06103  
 Email: [dcp.licenseservices@ct.gov](mailto:dcp.licenseservices@ct.gov)  
 Website : [www.ct.gov/dcp](http://www.ct.gov/dcp)



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## **Real Estate Salesperson Transfer Form**

### **Instructions**

1. All sections on this form must be completed by the individual applying for transfer.
2. A check or money order in the amount of \$25.00 made payable to "Higgins Group" must accompany this form.
3. This completed form and fee must be received and processed by Leslie.
4. An updated license certificate will be emailed to you once the transfer is completed.
5. Mail this form to Higgins Group at 1499 Post Road, Fairfield 06824

### **SALESPERSON INFORMATION**

First Name	Middle Initial	Last Name	
Street Address	City	State	Zip Code
Email Address to be used for correspondence		Telephone Number	

**Real Estate Salesperson License Number to be Transferred:**      **RES #:**

*I request that my active real estate salesperson license be transferred to the sponsoring broker listed below.*

Signature of Real Estate Salesperson	Date
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### **SPONSORING BROKER INFORMATION**

Legal Name of Sponsoring Broker	Sponsoring Broker License #		
Street Address	City	State	Zip Code
Email Address to be used for correspondence		Telephone Number	

*I accept the sponsorship of the licensed real estate salesperson listed above.*

Signature of Sponsoring Broker	Date
Print Name of Sponsoring Broker	