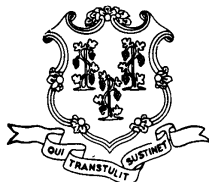


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 LICENSE SERVICES DIVISION
 () \$7c`i a Vi g'6j XZGH", \$%
 < UH7fXZ7H'S*%\$
 Email: dcp.licenseservices@ct.gov
 Web site: www.ct.gov/dcp



REAL ESTATE SALESPERSON TERMINATION

This form must be completed by the sponsoring broker/authorized agent and mailed or emailed directly to this office.

SECTION I: SPONSORING BROKER INFORMATION			
Legal Name of Sponsoring Broker		Sponsoring Broker License Number:	
Street Address	City	State	Zip Code
Email Address		Telephone Number	

I no longer accept sponsorship for the salesperson listed below.

Signature of Sponsoring Broker/ Authorized Agent	Date
Print Name of Sponsoring Broker/ Authorized Agent	

SECTION II: SALESPERSON INFORMATION			
First Name	Middle Initial	Last Name	
Email Address		Salesperson License Number:	

➔ Return this completed form directly to this office at:

Department of Consumer Protection
 License Services Division
 () \$7c`i a Vi g'6j XZGH", \$%
 Hartford, CT 0610'
 Email: dcp.licenseservices@ct.gov