



## Requests for Certifications of License History - \$25.00

**\$30.00 Processing Fee Charged For All Returned Payments**

Please allow seven to ten business days for processing.

When requesting a certification of license history from our office the following information is needed from the licensee about whom the certification is requested:

### I. LICENSEE INFORMATION

Full Legal Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License ID Number: \_\_\_\_\_ Daytime phone number or email address: \_\_\_\_\_

### II. ENTITY FOR WHOM CERTIFICATION IS BEING OBTAINED

Please provide below information about the entity for whom the certification is being requested. If the certification is for an agency or office that is not another real estate regulatory jurisdiction we still require the following information. If additional jurisdictions are requested, please attach the following information on a separate piece of paper.

Entity or Jurisdiction: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### III. DELIVERY INFORMATION

#### a. ORIGINAL CERTIFICATION MAILING INFORMATION

Please **verify** where the original Certification is to be sent. (choose only **one** of the following).

\_\_\_\_\_ Licensee at the address listed in Section I above.

\_\_\_\_\_ Requestor at the following address: \_\_\_\_\_

\_\_\_\_\_ The Entity for which you have requested the certification listed in Section II.

#### b. FAXING OR EMAILING INFORMATION

\_\_\_\_\_ In addition to mailing the original Certification as directed above, please fax or email certification to:

\_\_\_\_\_

\_\_\_\_\_  
(Signature of the Requestor)

\_\_\_\_\_  
(Date)

Requestor's Printed Name \_\_\_\_\_

Requestor's Daytime phone number or email address \_\_\_\_\_

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### FOR OFFICE USE ONLY

Date Received \_\_\_\_\_

Receipt# \_\_\_\_\_

Date Issued \_\_\_\_\_