

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Commercial Services
 Licensing Division
 REAL ESTATE
 P.O. Box 30243, Lansing, MI 48909
 517-373-7353 Fax: 517-373-1044
 www.michigan.gov/realestate

DEPARTMENT USE ONLY	
ID #	65-01
Date Approved	
Approved By	

EMPLOYING BROKER NOTIFICATION

AUTHORITY: P.A. 299 of 1980, as amended
 COMPLETION: Mandatory
 PENALTY: Failure to complete may result in denial of your application

INSTRUCTIONS AND INFORMATION

1. This form may only be used by NEW salesperson applicants who have applied for licensure at the www.michigan.gov/icola website and did not list a broker when applying, or have changed brokers after applying on iCOLA prior to license exam. This form is required to affiliate with the proper broker. If you do not submit this form your license will remain pending in the database or may be issued to the incorrect broker.
2. Salesperson license applications filed on iCOLA are valid one year from the date of first applying. If application is over one year old; you must re-apply on iCOLA at www.michigan.gov/iCOLA.
3. TYPE OR PRINT CLEARLY IN BLACK INK.
4. Fill out this form, sign it and have your employing broker also sign. Mail the form to the address listed above, or fax to: 517-373-1044. If you are faxing this form, please do not mail the original.

APPLICANT INFORMATION

Applicant's Legal Name (First, Middle, Last)			
Home Address (Number and Street)		City	
State	ZIP	E-mail Address	
Daytime Phone Number	Social Security Number	Date of Birth	Date Passed Exam

EMPLOYING BROKER INFORMATION

Broker Name - as shown on Broker's license. DO <u>NOT</u> USE DBA, Associate Broker or Branch Office.	Broker's License I.D. Number 65-
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AFFILIATION REQUEST (both the applicant and broker must sign)

We request that the Department issue applicant a real estate salesperson's license. If the license is issued, the broker agrees to exercise careful supervision over the salesperson's real estate activities.

 Signature of Salesperson Applicant

 Date

 Signature of Employing Broker/Associate Broker

 Date

 Licensed Name of Employing Broker (Please print or type)