

Bureau of Professional Licensing PO Box 30670 ● Lansing, MI 48909 Telephone: (517) 241-9288 www.michigan.gov/bpl

BPLHelp@michigan.gov

REAL ESTATE BROKER COMPANY OR BRANCH OFFICE LICENSE OR RELICENSURE APPLICATION

(This Form Should NOT Be Used For License Renewal)

Authority: 1980 PA 299, MCL 338.3434a

Name of Company					Permanent I.D. Number (if applicable)				
Assumed Name (if applicable)				E-mail Address					
Company Address	City			State MI	ZIP C	ode	Telepho	one Number	
Branch Office Address (if applicable) City				State MI	ZIP Code T		Telepho	Telephone Number	
Designated Principal Associate Broker	nformation (not appl	icable for	a branch o	ffice)					
Legal Name (First, Middle, Last) U.S				U.S. Soci	S. Social Security Number or Permanent I.D. Number				
Address	City					State		ZIP Code	
Required Additional Documents ■ An Associate Broker License Application License Applications & Forms at www.r			al Associate I	Broker for th	nis comp	any. (This	s form may	be found under	
Certification									
I certify that the statements in this documer may be cause for denial of my application,	disciplinary action, or r				statem	ent, misre	epresentation	on, or fraud	
Signature				Date					
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