

Michigan Department of Licensing and Regulatory Affairs  
 Corporations, Securities & Commercial Licensing Bureau  
 Licensing Division - BUILDERS  
 P.O. Box 30245, Lansing, MI 48909  
 517-241-9288  
 www.michigan.gov/builders

## SALESPERSON TRANSFER APPLICATION

AUTHORITY: P.A. 299 of 1980, MCL 338.3434(A), AND 42 USC 654

PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

You must hold a current salesperson license to submit this form. Your previous wall license and pocket card must be submitted before your transfer application can be processed. You may not begin work for the new employer until the new license is received. If your license has expired you must submit a salesperson relicensure application. The new employer must hold a current license in order for the salesperson transfer to be processed.

If the license of the employer become lapsed, suspended, or revoked, the salesperson license shall also lapse.

A salesperson may only work for and transact business for one employer.

Once issued, the license will be mailed to the employer.

All requirements for licensure must be completed within 1 year of filing this application.

Keep a completed copy of the application for your records.

All applicants must submit a copy of their driver's license or state personal identification card.

Mail your completed application, all required documentation, and payment to:

Department of Licensing and Regulatory Affairs  
 Corporations, Securities & Commercial Licensing Bureau  
 BUILDERS  
 P.O. Box 30245, Lansing, MI 48909

### NEW EMPLOYER INFORMATION

Business Name (as printed on license)		Business Telephone Number (       )	
Federal I.D. Number	License Number		
Name of Owner or Qualifying Officer			
Current Address of Main Office Location (Number & Street)	City	State	ZIP Code

### FEE PAYMENT INFORMATION

### FOR OFFICE USE ONLY - VALIDATION

Salesperson Transfer Application      \$10.00      (2105-33)

FEE IS NON-REFUNDABLE

Make your check or money order in U.S. Currency payable to:

**STATE OF MICHIGAN**

FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, P.A. 152 OF 1979, AND ARE NOT REFUNDED EXCEPT UNDER THE ACT, R 338.943, AND R 338.944.

**SALESPERSON INFORMATION**

Salesperson Name (First, Middle, Last)

Social Security Number	License Number <b>2105-</b>
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Current Home Address (Number & Street)

City	State	ZIP Code	Home/Cell Telephone Number (       )
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Enter Previous Employer's Name

Since you have been licensed, have you ever been convicted of a felony you have not previously reported?

Yes       No

**TRANSFER REQUEST**

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my certificate, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434(a), that the information will be used for purposes of identification and to minimize occupational license fraud.

We (employer & salesperson), do hereby request the residential builder or residential maintenance & alteration contractor salesperson license identified in Section 2 of this application be transferred to the employer identified in Section 1 of this application. We also certify that the answers given in this application are true and correct. We understand that upon approval of this transfer request, an updated salesperson license will be mailed to the employer's address. Upon termination of employment, we further agree to notify the Department of Licensing and Regulatory Affairs, Licensing Division, and to return the salesperson's wall certificate and pocket card within five (5) days of termination of employment. The salesperson may not work for another licensee while employed by the licensee identified in Section 1 of this application.

\_\_\_\_\_  
 Employer's Signature  
 Signature of Qualifying Officer for LLC, Partnership OR Corporation.  
 Signature of Owner for Individual

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Salesperson's Signature

\_\_\_\_\_  
 Date