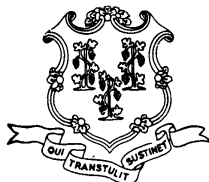


STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 LICENSE SERVICES DIVISION  
 () \$7c`i a Vi g'6j XZGH", \$%  
 < UH7fXZ7H'S\*%\$  
 Email: [dcp.licenseservices@ct.gov](mailto:dcp.licenseservices@ct.gov)  
 Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



## 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](mailto:dcp.licenseservices@ct.gov)