

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

REAL ESTATE EXAMINING BOARD

INFORMATION FOR COMPLETING APPLICATION FOR REAL ESTATE SALESPERSON LICENSE

To schedule an examination: Contact Pearson VUE directly at www.pearsonvue.com/wi/realestate/ or 1-888-204-6284.

Non-resident Applicants Applying for a Salesperson License: Complete the Irrevocable Consent by Nonresidents (**Form #813**). Non-resident Salespersons who will be associate with a licensed Wisconsin Firm located in this state must have the top section of page 3 on the Application for Real Estate Salesperson License (**Form #3166**) completed by the firm prior to being issued a license by reciprocity.

All Salesperson Applicants: If you have a prospective firm, you must complete the top section of page 3. If the license is issued without registering a firm on this form, you will need to submit a Notice of Licensee Associated with Firm (**Form #812**) and \$10.00 fee.

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Applicants who are Residents of Wisconsin

1. **Application for Real Estate Salesperson License (Form #3166)**
2. **\$75.00 Initial Credentialing Fee** - Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Proof of Education Completion** - Submit one of the following as proof of completion of the education requirement:
 - Completion, within 4-years of licensure, of real estate Salesperson's education under Wis. Admin. Code § REEB 25.033 through an education program that has been approved by the Board or nonresident salesperson education equivalency under Wis. Admin. Code § REEB 25.038.
 - Copy of transcript showing 10 academic semester hour credits completed at an institution of higher learning in real estate or real estate related law. A quarter hour credit equals 2/3 of a semester hour credit.
4. **Evidence of Passing the Salesperson Examination** - Submit a copy of your certificate from Pearson VUE showing that you passed the Salesperson exams.

Reciprocity – Applicants Holding a Current Salesperson License in Illinois or Indiana

1. **Application for Real Estate Salesperson License (Form #3166)**
2. **\$72.00 Reciprocity Fee** - Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Evidence of Passing the WI Salesperson Examination** - Submit a copy of your certificate from Pearson VUE showing that you passed the Wisconsin Salesperson exam.
4. **Active Salesperson License** - Evidence that you hold an active Salesperson* license in good standing obtained by examination in Illinois or Indiana. *In Illinois, a Broker is the equivalent of a Wisconsin Salesperson.

Endorsement - Applicants Who Have Held a Salesperson License in Another State Within the Past Two (2) Years

1. **Application for Real Estate Salesperson License (Form #3166)**
2. **\$72.00 Initial Credentialing Fee** - Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Verification of Examination or Registration (Form #2688)** - Completed by each state in which you have been issued a license.
4. **Proof of Education Completion** - Submit one of the following as proof of completion of the education requirement:
 - Copy of certificate of completion of Salesperson's 13-hour education program from an approved school.
 - Copy of transcript showing 10 academic semester hour credits completed at an institution of higher learning in real estate or real estate related law. A quarter hour credit equals 2/3 of a semester hour credit.
5. **Evidence of Passing the WI Salesperson Examination** - Submit a copy of your certificate from Pearson VUE showing that you passed the Wisconsin Salesperson exam.

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
 Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
 Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

REAL ESTATE EXAMINING BOARD

APPLICATION FOR REAL ESTATE SALESPERSON LICENSE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK				<input type="checkbox"/> Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).
Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>	
Address (street, city, state, zip) <input type="text"/>			Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>	
Mailing Address (if different) <input type="text"/>			Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	
Social Security # <input type="text"/> - <input type="text"/> - <input type="text"/>		Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.		
Ethnicity/gender status information is optional.				
Ethnicity: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other				
Sex: <input type="checkbox"/> M <input type="checkbox"/> F				
Have you ever been licensed in Wisconsin as a Real Estate Salesperson? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <input type="text"/>				
Email Address <input type="text"/>				
Occupation(s) during the last two (2) years <input type="text"/>				

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- Initial License** (never held Salesperson license)
\$75.00 Total Fee Attached
- Reciprocal License** (currently hold Salesperson license in Illinois or Indiana)
\$72.00 Total Fee Attached
- Endorsement License** (held Salesperson license in another state within the last two (2) years)
\$72.00 Total Fee Attached
- Reinstatement** (credential expired for more than five (5) years)
 \$ 82.00 Renewal Fee
 \$ 25.00 Late Renewal Fee
\$107.00 Total Fee Attached

For Receiving Use Only (94)

Wisconsin Department of Safety and Professional Services

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under “License, Permits, and Registrations” and select “Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses” for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? Yes No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select the “Professional Credential Renewal Information”.

PRE-DETERMINATION APPLICATION: If you applied for pre-determination, include your letter of approval or denial from the Board with your application.

ANSWER THE FOLLOWING QUESTIONS: (attach additional sheet(s) if necessary)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <input style="width: 650px; height: 25px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <input style="width: 650px; height: 25px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wisconsin Department of Safety and Professional Services

<u>SALESPERSON APPLICANT INDICATING ASSOCIATION WITH A FIRM:</u>	
Type of Firm (check one): <input type="checkbox"/> Sole Proprietor Broker <input type="checkbox"/> Broker Business Entity (Corporation, Partnership or Limited Liability Company)	
Name of Associated Firm (exactly as it appears on license) <input style="width: 95%; height: 25px;" type="text"/>	License Number of Firm: <input style="width: 95%; height: 25px;" type="text"/>
Business Address of Firm's Main Office (street, city, state, zip) <input style="width: 95%; height: 25px;" type="text"/>	Main Office Telephone Number: <input style="width: 25px; height: 25px;" type="text"/> - <input style="width: 25px; height: 25px;" type="text"/> - <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>
I certify that the firm listed above will be associated with and assume responsibility for the licensee and that failure to comply with the statutes and rules of the Department may be cause for disciplinary action.	
Print Name of Broker Signing Below: <input style="width: 95%; height: 25px;" type="text"/>	Date: <input style="width: 25px; height: 25px;" type="text"/> / <input style="width: 25px; height: 25px;" type="text"/> / <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>
Signature of Sole Proprietor Broker or Representative Broker of Business Entity: <input style="width: 95%; height: 25px;" type="text"/>	

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT:

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /