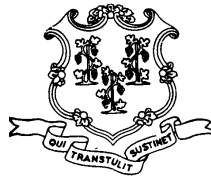**STATE OF CONNECTICUT**
DEPARTMENT OF CONSUMER PROTECTION
License Services Division
450 Columbus Blvd, Ste 801
Hartford, CT 06103
Email: dcp.licenseservices@ct.gov
Website: **www.ct.gov/dcp**

For Official Use Only

Real Estate Associate Broker Designation Request

Instructions:

1. Brokers requesting the associate broker designation must have an active Connecticut real estate broker license in their name.
2. An associate broker may not engage in the business of real estate outside of the relationship with the supervising broker.
3. The associate broker must report a change in the supervising broker or return to a full broker license within 14 days of such change.
4. All sections on this form must be completed and signed by the licensed broker seeking the associate broker designation and the supervising broker.
5. **A check or money order in the amount of $25.00** made payable to **"Treasurer, State of Connecticut"** must accompany this form and mailed to the address above.

Broker Requesting Associate Broker Designation				
First Name	Middle Initial	Last Name		
Street Address	City		State	Zip Code
Email Address to be used for correspondence			Telephone Number	
Real Estate Broker License Number:	**REB # :**			

I understand that once designated as an associate broker, I may not engage in the business of real estate outside of the relationship with the supervising broker listed below. I can change my designation back to a full real estate broker license by filing a designation termination request with the Department.

Signature of Associate Broker	Date

Supervising Broker Information				
Legal Name of Supervising Broker			**Supervising Broker License #**	
Street Address	City		State	Zip Code
Email Address			Telephone Number	

I accept the responsibility of supervising the associate broker listed above.

Signature of Supervising Broker	Date
Print Name of Supervising Broker	