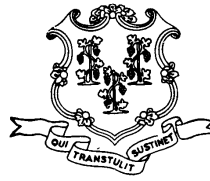


STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 LICENSE SERVICES DIVISION  
 450 Columbus Blvd, Ste 801  
 Hartford, CT 06103  
 Email: [dcp.licenseservices@ct.gov](mailto:dcp.licenseservices@ct.gov)  
 Website : [www.ct.gov/dcp](http://www.ct.gov/dcp)



For Official Use Only

## Real Estate Team Transfer Form

### Instructions

1. All sections on this form must be completed by the sponsoring broker.
2. All members of the existing team need to be transferred to the new sponsoring broker prior to submitting this form. If all members of the team have not been transferred, this form will not be processed.
3. The new team name needs to be in compliance with the Name Requirements and Guidelines found at: [www.ct.gov/dcp](http://www.ct.gov/dcp)
4. **A check or money order in the amount of \$25.00** made payable to "**Treasurer, State of Connecticut**" must accompany this form. This fee is non-refundable.
5. This completed form and fee must be received and processed by this department before you can represent a new broker.
6. An updated license certificate will be issued after approval of the transfer.
7. Mail this completed form and fee to the above address.

### EXISTING TEAM INFORMATION

Team Name	Team Number RTM.
Name of the Sponsoring Broker/Legal Entity Responsible for this Team	

### NEW TEAM INFORMATION

Team Name (Refer to Name Requirements and Guidelines found at <a href="http://www.ct.gov/dcp">www.ct.gov/dcp</a> )	
Name of the Sponsoring Broker/Legal Entity Responsible for this Team	
Sponsoring Broker CT License Number	Email Address to be used for correspondence

***As the sponsoring broker I ensure this team will comply with all laws and regulations concerning team advertisements and ensure that the team timely files accurate registration forms and registration updates.***

Signature of Sponsoring Broker	Date
Print Name of Sponsoring Broker	