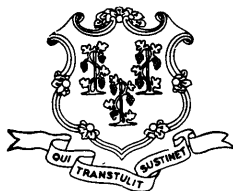


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 License Services Division
 450 Columbus Blvd, Ste 801
 Hartford, CT 06103
 Email: dcp.licenseservices@ct.gov
 Website: www.ct.gov/dcp



Office use Only

Real Estate Associate Broker Designation Termination

<p>Instructions:</p> <ol style="list-style-type: none"> 1. This completed form must be received no later than fourteen days after the affiliation with the supervising licensee is terminated and <u>before</u> you can return to a full real estate broker. 2. Mail this completed form to the above address.

Broker Requesting Associate Broker Designation Termination			
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 confirm my affiliation with a supervising licensee listed below is terminated and I wish to return to a full real estate broker.

Signature of Broker Requesting Designation Termination	Date
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Supervising Broker Information	
Legal Name of Supervising Broker	Supervising Broker License #