RE Reg Lic His Rev 1/17

STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

License Services Division 450 Columbus Blvd, Ste. 801 Hartford, CT 06103

Email: <u>dcp.licenseservices@ct.gov</u>
Web site: <u>www.ct.gov/dcp</u>



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Real Estate License History/Letter of Good Standing Request Form

A \$25.00 fee for each request must accompany the completed application and mailed to the above address. Payments must be in the form of a check or money order made payable to "Treasurer, State of Connecticut." Please allow 7 - 10 business days for processing.

I am requesting a License History/Letter of Good Standing on the following licensee:

Tail requesting a License History/Letter of Good Standing on the following licensee.							
Check (✓) applicable license type:							
Salesperson Broke	r (Individual)	Broker (Legal Er	ntity)	Appraiser			
CT Real Estate License Number	Active Licens Lapsed or Ex	tive License psed or Expired License		Expiration Date of License			
Name of Licensee							
Street Address	City		State	Zip Code			
Telephone Number (with area code) Emai	l Address						
Indicate the Number of License History/Letter of Good Standing Requested Number Requested x \$25.00 each							
Name and Address where document(s) should be mailed (if different than above)							
Signature		Date					