

SALESPERSON ONLINE REINSTATEMENT SUPERVISING BROKER FORM

<u>INSTRUCTIONS</u>: Salesperson, please complete Section I and have your supervising broker complete Section II. This form must be uploaded to your online reinstatement. Do NOT mail this form.

SECTION I: SALESPERSON INFORMATION					
First Name	Middle Initial	Last Name			
Email Address			CT Salesperson License #: RES		

SECTION II: SUPERVISING BROKER INFORMATION					
Legal Name of Supervsing Broker		Supervi	sing Broker CT License #:		
		REB.			
Street Address	City	State	Zip Code		
Email Address	·	Tel	ephone Number		
I accept the supervision for the real estate salesperson listed above.					
Signature of Supervising Broker		Date			
Printed Name of Supervising Broker					