



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

**Department of Business Regulation  
DIVISION OF COMMERCIAL LICENSING AND  
RACING AND ATHLETICS**

**Real Estate Division  
John O. Pastore Center  
1511 Pontiac Avenue Bldg. 69-1  
Cranston, RI 02920-0942**

**Tele: (401) 462-9506  
TDD: 711**

**Fax: (401) 462-9645  
www.dbr.ri.gov**

**TRANSFER OF REAL ESTATE BROKER OR SALESPERSON LICENSE**

**NOTE: A CERTIFICATE OF ERRORS AND OMISSIONS INSURANCE AND A \$25.00 CHECK  
(Payable to the Rhode Island General Treasurer) MUST BE SUBMITTED WITH ALL TRANSFERS.**

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(Name) (Home Address) (City)  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(State) (Zip Code) (D.O.B.) (Phone Number) (License Number)

request the transfer of my license as of \_\_\_\_\_;  
(Date)  
from \_\_\_\_\_ to \_\_\_\_\_,  
(Agency Name) (Agency Name)

\_\_\_\_\_  
(Signature of Salesperson or Broker)

**STATEMENT OF NEW EMPLOYING BROKER**

I, the undersigned, being a licensed real estate broker of the State of Rhode Island, certify that

\_\_\_\_\_, will be associated with/employed by this agency.  
(Licensee's Name - Print)

\_\_\_\_\_  
(Agency's Business Name) (Phone #) (Principal Broker - Print) (License Number)  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(Agency's Business Address) (City) (State) (Zip Code)

I affirm that the statements contained herewith are true.

\_\_\_\_\_  
(Signature of Principal Broker)

Subscribed and sworn to at \_\_\_\_\_, before me, this \_\_\_\_\_ day of  
(City and State)  
\_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

**INCOMPLETE TRANSFER FORMS WILL BE RETURNED**