



REAL ESTATE SALESPERSON TERMINATION

This form must be completed by the sponsoring broker/authorized agent and mailed or emailed directly to this office

SECTION I: SPONSORING BROKER INFORMATION			
Legal Name of Sponsoring Broker		Sponsoring Broker License Number:	
Street Address	City	State	Zip Code
Email Address		Telephone Number	

I no longer accept sponsorship for the salesperson listed below.

Signature of Sponsoring Broker/ Authorized Agent	Date
Print Name of Sponsoring Broker/ Authorized Agent	

SECTION II: SALESPERSON INFORMATION			
First Name	Middle Initial	Last Name	
Email Address		Salesperson License Number:	

→ Return this completed form directly to this office at:

Department of Consumer Protection,
License Services Division,
165 Capitol Avenue
Hartford, CT 06106
Email: dcp.licenseservices@ct.gov