



Member Delete Form

*Please email 1st page to SmartMLS Member Delete form to Membership@SmartMLS.com

*Please email 2nd page to Department of Consumer protection at dcp.licenseservices@ct.gov

Subscriber Details

Member User ID: _____

Member Name: _____

Effective Date: _____

Office Details

Company Name: _____

Office Code: _____

Comments

***Both Subscriber and Participant signatures are required. If Agent is unreachable, then only the Participant's signature is necessary.**

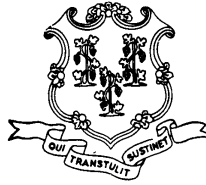
***Any outstanding balances that are not paid prior to processing will be transferred to the Participant/ Broker's account.**

Signature of Subscriber: _____ Date: _____
(Agent)

Participants/Broker Name: _____

Signature of Participant: _____ Date: _____
(Broker)

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
LICENSE SERVICES DIVISION
450 Columbus Blvd, Ste 801
Hartford, CT 06103
Email: dcp.licenseservices@ct.gov
Web site: www.ct.gov/dcp



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
450 Columbus Blvd, Ste 801
Hartford, CT 06103
Email: dcp.licenseservices@ct.gov