

Michigan Department of Labor & Economic Growth
Bureau of Commercial Services - Licensing Division
BUILDERS UNIT
P.O. Box 30245, Lansing, MI 48909
517-241-9254
www.michigan.gov/commerciallicensing

FEE DUE \$10.00
FEE IS NON-REFUNDABLE

SALESPERSON TRANSFER APPLICATION

AUTHORITY: P.A. 299 of 1980, as amended
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your application

IMPORTANT APPLICATION INFORMATION -- READ CAREFULLY

APPLICANTS MUST READ AND COMPLETE THE ATTACHED APPLICATION. Failure to submit a completed application, the license fee, and all required supporting documents may delay processing your application or result in a license denial. You may not conduct any activity requiring a license until the license is issued.

QUALIFICATION DEADLINE: All licensing requirements must be completed within 1 year of filing this application, or the application will be discarded.

NONRESIDENT applicants must file a Consent to Service of Process form with the Builders Unit. Contact the Builders Unit at 517-241-9254, or refer to the web site at www.michigan.gov/commerciallicensing, for a copy of the form.

EMPLOYER'S SWORN STATEMENT: Requires the signature of the qualifying officer for corporation, partnership or limited liability company employers; OR the signature of the owner for individual employers.

Upon approval, your license will be mailed directly to your employer. You may use this license to transact business for the employer named on the license only. If you wish to change employers, you will be required to submit a Salesperson Transfer Application and a \$10.00 fee. Contact the Builders Unit for the form or visit the web site at www.michigan.gov/commerciallicensing. You and your employer are required to return your pocket card and wall certificate within five (5) days of termination of employment. When a completed transfer application is approved, an updated license will be mailed directly to your new employer. A salesperson may only work for and transact business for one (1) employer at a time. You must have an employer transfer approved by the Builders Unit prior to engaging in business for a new employer.

Once licensed, you will be required to renew your license by May 31. A renewal application will be mailed to your employer each year approximately 45 days prior to May 31. If you fail to renew by May 31 of each year, your license becomes invalid and you may not conduct business until you obtain relicensure.

A salesperson license cannot be issued, transferred or renewed unless the employer has a current license in good standing. If a salesperson license lapses, you can apply to have the license reissued within three (3) years after the date it lapses without having to retake the examination. If your license has been lapsed longer than three (3) years, you must file a new examination application and successfully complete the examination prior to issuance of your license.

It is the applicant's responsibility to be aware of and comply with all regulations pertinent to the application process, licensing, and practice. Allow 4 to 6 weeks to process a properly submitted application.

KEEP a completed copy of the application for your records.

**COMPLETE BOTH SIDES OF APPLICATION.
PRINT LEGIBLY IN BLACK INK OR TYPE.**

NAME OF SALESPERSON

SALESPERSON LICENSE NUMBER

FEE PAYMENT INFORMATION

Salesperson Transfer Application \$10.00 (2105-33)

**Make your check or money order from a U.S. Financial
Institution payable to:**

STATE OF MICHIGAN - BUILDERS

FEEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF
1979, AS AMENDED, AND R338.943 AND R338.944.

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Information provided on this form may be released to the public in accordance with the Freedom of Information Act, P.A. 442 of 1976, as amended.

FOR OFFICE USE ONLY - VALIDATION

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SALESPERSON TRANSFER APPLICATION

<p>INSTRUCTIONS: Complete items 1 through 3 below.</p> <p>EMPLOYER and SALESPERSON must sign in Section 3 below. Corporation, limited liability company or partnership employers MUST have the Qualifying Officer sign. Individual employers MUST have the owner sign.</p> <p>The employer must be currently licensed in order for this salesperson transfer to be processed.</p> <p>Return the completed application with the appropriate fee to the Builders Unit at the address listed above. Allow approximately 6 weeks from date of receipt for processing.</p> <p>A SALESPERSON may work for one (1) licensed builder or maintenance & alteration (M & A) contractor at a time. When employment ceases, the employer and salesperson must return the wall certificate and pocket card to this office within five (5) days. When the salesperson obtains employment with a new licensed builder or M & A contractor, the new employer and salesperson must complete and return this application to the Builders Unit.</p> <p>YOUR SALESPERSON TRANSFER REQUEST CANNOT BE PROCESSED UNTIL YOU RETURN YOUR PREVIOUS WALL CERTIFICATE AND POCKET CARD. Attach previous wall license and pocket card to this application or attach a detailed explanation why the license cannot be returned.</p>				<p>OFFICE USE ONLY</p>	
<p>1 NEW EMPLOYER INFORMATION</p>				<p>ID NUMBER: 2105-</p>	
<p>BUSINESS NAME AS PRINTED ON LICENSE</p>				<p>REVIEWER:</p>	
<p>FEDERAL I.D. NUMBER</p>		<p>LICENSE NUMBER</p>		<p>DATE REVIEWED:</p>	
<p>NAME OF OWNER OR QUALIFYING OFFICER</p>			<p>SOCIAL SECURITY NUMBER</p>		
<p>CURRENT ADDRESS OF MAIN OFFICE LOCATION (Number & Street)</p>				<p>REC'D TOTAL FEE OK NO DUE \$ REFUND \$</p>	
<p>CITY</p>		<p>STATE</p>	<p>ZIP CODE</p>	<p>DAYTIME TELEPHONE NUMBER ()</p>	
<p>2 SALESPERSON INFORMATION</p>				<p>NEW EMPLR NAME OK NO</p>	
<p>SALESPERSON NAME (First, Middle, Last)</p>				<p>NEW EMPLR LIC NO OK NO</p>	
<p>SOCIAL SECURITY NUMBER</p>		<p>LICENSE NUMBER 2105 -</p>		<p>SEC 1 COMPLETE OK NO</p>	
<p>CURRENT HOME ADDRESS (Number and Street)</p>				<p>SALES NAME OK NO</p>	
<p>CITY</p>		<p>STATE</p>	<p>ZIP CODE</p>	<p>DAYTIME TELEPHONE NUMBER ()</p>	
<p>ENTER PREVIOUS EMPLOYER'S NAME</p>		<p>PREVIOUS EMPLOYER'S LICENSE NUMBER</p>	<p>DATE EMPLOYMENT TERMINATED</p>		
<p>3 SWORN STATEMENT</p>				<p>SALES LIC NO OK NO</p>	
<p>TRANSFER REQUEST</p> <p>We (employer & salesperson), do hereby request the residential builder or residential maintenance & alteration contractor salesperson license identified in Section 2 of this application be transferred to the employer identified in Section 1 of this application. We also certify that the answers given in this application are true and correct. We understand that upon approval of this transfer request, an updated salesperson license will be mailed to the employer's address. Upon termination of employment, we further agree to notify the Department of Labor & Economic Growth, Builders Unit, and to return the salesperson's wall certificate and pocket card within five (5) days of termination of employment. The salesperson may not work for another licensee while employed by the licensee identified in Section 1 of this application.</p>				<p>PREV EMPLR NAME OK NO</p>	
<p>EMPLOYER'S SIGNATURE _____ DATE _____</p> <p>Signature of Qualifying Officer for LLC, Partnership OR Corporation. Signature of Owner for Individual</p>				<p>PREV EMPLR LIC NO OK NO</p>	
<p>SALESPERSON'S SIGNATURE _____ DATE _____</p>				<p>DATE TERMINATED OK NO</p>	
<p>APP _____ HOLD _____</p>				<p>EMPLR SIGNATURE OK NO</p>	
<p>APP _____ HOLD _____</p>				<p>SALES SIGNATURE OK NO</p>	
<p>APP _____ HOLD _____</p>				<p>PREV LIC RETURNED OK NO</p>	
<p>APP _____ HOLD _____</p>				<p>APP W/O PREV LIC OK NO</p>	