BRANCH OFFICE FORM

Firm Name:___________________________________________________________________
Firm Address:________________________________________________________________
Telephone Number: (_____) ______ - _________
License Number:___________________________
Responsible Broker:____________________________________________________________
Email:_______________________________________________________________________

BRANCH OFFICE INFORMATION

Branch Office Address:__________________________________________________________
Branch Office Telephone Number: (_____) ______ - _________
Contact Name:________________________________________________________________
Effective Date: _____/_____/

LICENSEES ASSOCIATING WITH BRANCH OFFICE
If additional space is needed please attach a separate list with this application

Name:____________________________________ License Number:_____________________

Name:____________________________________ License Number:_____________________

______________________________________ ____/_____/_______
RESPONSIBLE BROKER SIGNATURE DATE

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA REAL ESTATE COMMISSION
217 West Missouri Avenue, Pierre, South Dakota 57501
Tel: 605.773.3600   Fax: 605.773.7175   dlr.sd.gov/realestate

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