

REQUEST FOR CERTIFICATION OF SOUTH DAKOTA REAL ESTATE LICENSE

DATE OF REQUEST: _____ LICENSE #: _____

FULL NAME (as it appears on your license): _____

RESIDENCE
ADDRESS: _____

DAYTIME PHONE NUMBER: _____ CELL PHONE #: _____

LICENSE STATUS: _____ Active _____ Inactive _____ Expired

If license is currently on active status, indicate real estate company name and address below:

COMPANY NAME: _____

COMPANY ADDRESS: _____
Street City State Zip Code

Reason for requested certification: For licensure in the state of: _____
(You must fill in the name of the state.)
 Other (explain): _____

Mail certification to:

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Return the completed form and fee (\$15 for each certification requested) to: South Dakota Real Estate Commission, 221 West Capitol Avenue, Suite 101, Pierre, SD 57501.

Should you have any questions, please contact the Commission office at (605) 773-3600. Please allow 5-10 days turnaround.

FOR COMMISSION USE ONLY

Certification Fee: \$ _____

Receipt Number: _____

Deposit Date: _____