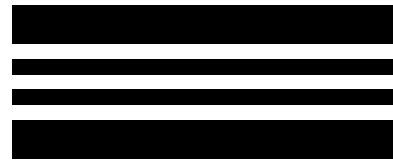




## Real Estate Firm Controlling Interest



Use this form to change owners or persons with a controlling interest in your firm. Send this completed form to:

**Real Estate Licensing  
Department of Licensing  
PO Box 9021  
Olympia, WA 98507**



**27000-SUPPORTING**

If you have any questions, call (360) 664-6500 or (360) 664-6488.

### Firm information

|   |                       |
|---|-----------------------|
| <b>TYPE or PRINT</b> Firm name <i>(as it appears on your license)</i> | Washington UBI number |
|---|-----------------------|

**Controlling interest**—List all owners and/or person(s) with a controlling interest in this firm, including the names of all people who gained a controlling interest after the formation of the firm. Controlling interest is defined as the ability to control either the operational, financial, or both, decisions of the firm. The designated broker must be granted the authority to control the operational, financial, or both, decisions of the firm, whether or not he/she has ownership interest. Attach additional sheets, if necessary.

|  |  |
|--|--|
| <b>1</b> <b>TYPE or PRINT</b> Designated broker name <i>(First, Middle, Last)</i>  | Check one<br><input type="checkbox"/> New <input type="checkbox"/> Current |
| Mailing address <i>(Address, City, State, ZIP code)</i>  |  |
| <b>2</b> Name <i>(First, Middle, Last)</i>   | Check one<br><input type="checkbox"/> New <input type="checkbox"/> Current |
| Mailing address <i>(Address, City, State, ZIP code)</i>  |  |
| <b>3</b> Name <i>(First, Middle, Last)</i>   | Check one<br><input type="checkbox"/> New <input type="checkbox"/> Current |
| Mailing address <i>(Address, City, State, ZIP code)</i>  |  |
| <b>4</b> Name <i>(First, Middle, Last)</i>   | Check one<br><input type="checkbox"/> New <input type="checkbox"/> Current |
| Mailing address <i>(Address, City, State, ZIP code)</i>  |  |
| <b>5</b> Name <i>(First, Middle, Last)</i>   | Check one<br><input type="checkbox"/> New <input type="checkbox"/> Current |
| Mailing address <i>(Address, City, State, ZIP code)</i>  |  |
| <b>6</b> Name <i>(First, Middle, Last)</i>   | Check one<br><input type="checkbox"/> New <input type="checkbox"/> Current |
| Mailing address <i>(Address, City, State, ZIP code)</i>  |  |
| Answer the following<br>Has anyone listed above been the subject of a final Departmental Order, as provided in the Administrative Procedure Act (34.05 RCW), suspending or revoking any type of real estate license? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please explain on a separate sheet. |  |

By signing this application you understand that we, the Department of Licensing, have the right to enter your business locations at reasonable times to inspect the records that you are required to keep by the laws and regulations that govern the license you are applying for.

It is your responsibility as a licensee to cooperate with an audit or an investigation by providing the Department of Licensing with the requested documents and a written explanation of the matter contained in a complaint.

*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

**X**

Date and place

Designated broker signature

| For office use only |                |
|---------------------|----------------|
| Firm license number | Effective date |