## CERTIFIED LICENSE HISTORY REQUEST

RE 293 (Rev. 7/18)

## **INSTRUCTIONS**

- Complete all information requested. Incomplete or unclear requests will be returned.
- ➤ For processing timeframes, please visit our Web site at www.dre.ca.gov/Licensees/CurrentTimeframes.html.
- Please type or print clearly in ink.
- Mail completed request and fee to: Department of Real Estate Attn: Licensing P.O. Box 137013

Sacramento, CA 95813-7013.

➤ Call (877) 373-4542 if you have any questions.

## **GENERAL INFORMATION**

- License histories cover the preceding five year period unless otherwise requested in the "comment" section.
- Statutory course information is not maintained on record and cannot be verified.
- Some states require the license certification be mailed directly to them please verify before completing the "mailing address" section.
- > To request continuing education exemption, please use form RE 213 for no fee.

CER	TIFIED LICENSE HISTORY T	YPE — CHECK ONE	BOX ON	LY	
☐ For other states — \$20.00		☐ For general of	☐ For general or legal purposes — \$20.00		
Contains a history of the protherwise requested), state of record, any disciplinary status, date first licensed a	Contains a detailed history of the preceding five year period (unless otherwise requested), state seal, signature of custodian of record, any disciplinary action taken, date first licensed and expiration date.				
Request is for the State of	· · · · · · · · · · · · · · · · · · ·				
HISTORY BEING REQUESTED ON THE FOLLOWING LICENSEE					
FULL NAME OF LICENSEE					
STREET ADDRESS OR POST OFFICE BOX					
CITY			STATE	ZIP CODE	
LICENSE IDENTIFICATION NUMBER	LICENSE EXPIRATION DATE	LICENSE TYPE (CHECK ONE)			
		BROKER	SALESPE	ERSON CORPORATION	
ADDITIONAL REQUESTS OR COMMENTS					
MAILING ADDRESS					
Mail history to: (Check one)					
LICENSEE AT THE ADDRESS LISTED ABOVE. STATE AGENCY LISTED BELOW.			INDIVIDUAL LISTED BELOW.		
NAME					
STREET ADDRESS OR POST OFFICE BOX					
01774			07475	- TID 0005	
CITY			STATE	ZIP CODE	
REQUESTOR INFORMATION					
NAME OF REQUESTOR — WHOM MAY WE CONTACT IN REGARD TO THIS REQUEST?			DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE)		