

CERTIFIED LICENSE HISTORY REQUEST

RE 293 (Rev. 1/19)

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: Flag Section
P.O. Box 137013
Sacramento, CA 95813-7013.
- Call (916) 576-8652 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 certified or verified.

- Some states require the license certification be mailed directly to them — please verify before completing the "mailing address" section.
- **To request an exemption from continuing education, please use form RE 213 for no fee.**

PAYMENT INFORMATION

- Fee - \$20 per history (submit a new form and fee for each state).
- Acceptable payment methods - Cashier's check, money order, check, or credit card.
- Make check or money order payable to: Department of Real Estate.
- If paying by credit card, you must complete a Credit Card Payment form (RE 909).

CERTIFIED LICENSE HISTORY TYPE — CHECK ONE BOX ONLY

For other states

Contains a brief history of the preceding five year period, state seal, signature of custodian of record, any disciplinary action taken, current license status, date exam passed, date first licensed, and expiration date.

Request is for the State of _____ .

For general or legal purposes

Contains a detailed history of the preceding five year period, state seal, signature of custodian of record, any disciplinary action taken, date first licensed, expiration date, and mailing and branch office address changes.

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

SALESPERSON

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

CITY

STATE

ZIP CODE

REQUESTOR INFORMATION

NAME OF REQUESTOR — WHOM MAY WE CONTACT IN REGARD TO THIS REQUEST?

DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE)