STATE OF CALIFORNIA — DEPARTMENT OF REAL ESTATE

CERTIFIED LICENSE HISTORY REQUEST

RE 293 (Rev. 8/09)

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/proc_time.htm**.

❖ Please type or print clearly in ink.

❖ Mail completed request and fee to:
  Department of Real Estate
  Attn: Licensing
  P.O. Box 187000
  Sacramento, CA 95818-7000.

❖ 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.

CERTIFIED LICENSE HISTORY TYPE — CHECK ONE BOX ONLY

☐ **For other states — $20.00**

Contains a history of the preceding five year period (unless otherwise requested), state seal, signature of custodian of record, any disciplinary action taken, current license status, date first licensed and expiration date.

Request is for the State of _____ .

☐ **For general or legal purposes — $20.00**

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.

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)