

# Wisconsin Department of Safety and Professional Services

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING CONSENT TO EXAMINE AND AUDIT TRUST ACCOUNT

CHECK ONE:  Original Submission  Update

A firm must submit this form to register a Trust Account within 10 days after any voluntary or required opening of any Real Estate Trust Account and after any change affecting an account.

The words "Trust Account" must appear in the name of the account and on the checks or share drafts. If more than one account is maintained, each account must be registered with the Department. A firm may have two kinds of trust accounts:

**Account for Client Funds:** Client funds are for all trust funds received relating to a conveyance of real estate. In such an account, the depository institution will send all of the interest earned on the account to the Department of Administration.

**Account for Non-Client Funds:** Non-Client funds are trust funds received by a firm, which do not relate to the conveyance of real estate (such as property management or least transactions). You should review Wis. Admin. Code § REEB 18.04, for requirements pertaining to persons you may authorize to sign checks on your trust account. Refer to Wis. Admin. Code § REEB 18, for information regarding trust accounts.

### COMPLETE EITHER SECTION A(1) OR A(2)

#### SECTION A(1) - Sole proprietors only (Licensed Individual Broker) - Ch. 452.01(4y)

Broker Name (Exactly as it appears on license):

License # (ending in -90):

#### SECTION A(2) - All other business types (Licensed Broker Business Entity) - Ch. 452.01(4x)

Type of Firm:  Corporation  LLC  General Partnership  Limited Partnership  LLP  Other: \_\_\_\_\_

Business Entity Name (Exactly as it appears on license):

License # (ending in -91):

#### SECTION A(3) - All licensees complete. Note: Sections B & C must also be completed by the appropriate parties.

Trade Name, if any:

License # of the Sole Proprietor Broker or Broker Business Entity:

Main Office Telephone Number:

Address of the Real Estate office Where the Trust Account Records Will Be Located (street, city, state, zip):

County of:

Type of Office (at the above address):  Main Office  Branch Office

Type of Account (see paragraph at top of page for more information):  Client Funds  Non-Client Funds

Account Number:

Name of Depository Institution:

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## SECTION B: IRREVOCABLE CONSENT TO EXAMINE AND AUDIT TRUST ACCOUNT

In compliance with Wis. Stats. § 452.13, the firm, identified above, does register this Real Estate Trust Account with the Department of Safety and Professional Services (DSPS). I/we hereby authorize representatives of the DSPS and the Department of Administration (if this is a client funds account) to examine and audit the records of this trust account. I certify that the information provided above is true and correct and that I/we will notify the DSPS of any changes to this account, as required by Wis. Admin. Code § REEB 18.

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Signature of Sole Proprietor Broker or Broker Business Entity Representative  
(Print and Sign Form)

Date

Print or Type Name of Person Signing Above

## SECTION C: CERTIFICATION OF DEPOSITORY INSTITUTION

Account Number:

Exact Name of Account:

Balance on this Date: \$

Date of Last Deposit:

 /  / 

The undersigned, a duly authorized official of the

(Print or Type Name of Depository Institution)

of

(Address: street, city, state, zip)

institution, does certify that the firm identified in "SECTION A" maintains a Real Estate Trust Account with a balance as listed and agrees the institution will allow an authorized representative of the Department of Safety and Professional Services or the Department of Administration (if this is a client funds account) to examine and audit the account upon demand.

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Signature (Print and Sign Form)

Date

Print or Type Name of Person Signing Above

Title