

Vermont Secretary of State
Office of Professional Regulation
89 Main Street, 3rd Floor
Montpelier VT 05620-3402
www.sec.state.vt.us



VERIFICATION OF LICENSURE

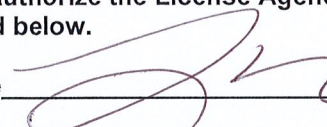
Complete the applicant section of this form and have the state or jurisdiction of **original licensure** and your **most current** state or jurisdiction of licensure complete the rest.

Licensed as a:	Florida Realtor	Date of Birth:	8/28/1960
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Applicant:

First Name	MI	Last Name & Title (Jr., Sr., II, III, etc.)	Former/Maiden
Leslie	J	Rollins	
Mailing Address:	P.O. Box	1301	
	Street/Apt #		
	City/State/Zip	Stowe, VT. 05672	
	Country	USA	

I hereby authorize the License Agency to furnish to the Vermont Office of Professional Regulation the information requested below.

Signature:  Date: 8/24/18

Information Below To Be Completed by the Licensing Agency:

License #		Date Issued:		Date Expired:	
License as a:					

Licensed By:		Examination/Education	License Status		Active
		Endorsement/Reciprocity			Inactive
		Waiver			Lapsed
Has this license ever been encumbered in any way (revoked, suspended, limited, surrendered, restricted, placed on probation)? If yes, attach a copy of the decision					YES NO

Signature of person completing form:		Date:
State Completing this form:	City/State:	Telephone:
STATE LICENSING AUTHORITY: Mail to Vermont Secretary of State Office of Professional Regulation 89 Main Street, 3 rd Floor Montpelier, VT 05620-3402		(OFFICIAL SEAL)