

# Wisconsin Department of Safety and Professional Services

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

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 lease 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.

### SECTION A: TO BE COMPLETED BY THE FIRM

**Type of Firm :**

- Sole Proprietorship     Corporation     Other
- General Partnership     LLP
- Limited Partnership     LLC

**Sole Proprietor Broker or Broker Business Entity Name:** (exactly as it appears on license)

**Trade Name, if any:**

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

**Main Office Telephone Number:**

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

This is not the address of the depository institution.

**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.

Signature of Sole Proprietor Broker or Broker Business Entity Representative

 /  / 

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:

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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.

Signature

 /  / 

Date

Print or Type Name of Person Signing Above

Title