



DECLARATION REGARDING REAL ESTATE LICENSE AND TAX REPORTING (C.A.R Form DLT, 11/08)

This declaration is made in connection with the Residential Purchase Agreement, or [ ] dated [ ] on Property known as [ ], in which, [ ] is referred to as Buyer/Tenant and [ ] is referred to as Seller/Landlord.

- 1. A. I, [ ] (print name), am [ ] (i) a real estate salesperson. [ ] (ii) a real estate broker working as a broker-associate with another Broker and the transaction will be conducted under that Broker's license. [ ] (iii) a real estate broker and the transaction will be conducted under my own license. B. I have a valid current real estate license. C. My real estate license number is: [ ] D. [ ] If applicable (if 1.A. (i) or (ii) is checked): The Broker under whose license this transaction is conducted is [ ] (print name). That Broker's real estate license number is: [ ] E. The licensing information above may be verified by checking the Department of Real Estate website (http://www2.dre.ca.gov/PublicASP/pplinfo.asp).

I, declare for myself (and, if applicable, also my real estate Broker), under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Real estate Salesperson/Broker Associate/Broker [ ] Date: [ ]

2. TAX REPORTING ACKNOWLEDGEMENT. Unless an exemption applies, Listing Broker is required to report to the applicable state and federal tax collection agency payments made to Cooperating Broker. At least 7 ( [ ] or [ ] ) Days After Acceptance, Cooperating Broker shall provide Listing Broker with Cooperating Broker's taxpayer ID number. If a taxpayer ID number is not provided Listing Broker may withhold payment to Cooperating Broker unless an exception to reporting is documented below, or elsewhere in writing.

[ ] (if checked) No reporting is required because Cooperating Broker is a corporate entity whose corporate name is: [ ]

Real estate Broker (Listing Firm) [ ] Date: [ ] By: (Signature) [ ] Date: [ ]

Real estate Broker (Cooperating Firm) [ ] Date: [ ] Taxpayer ID Number [ ] By: (Signature) [ ] Date: [ ]

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Reviewed by [ ] Date [ ]



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