Date_____

OFFICE TRANSFER
(25.00 Fee Due Upon Receipt)

Credit Card # _____ **Exp.** _____

Email: _____

This Transfer must be submitted to the Association Office within 48 hours of transfer.

I, _____ Public ID # _____
REALTOR /Salesperson

Hereby transfer to: ®

Office of _____ Office Code# _____
(New Office Name)

New Office Address: _____

☐ **I HEREBY CERTIFY THAT I WILL BE RESPONSIBLE FOR THE ABOVE NAMED REALTOR/SALESPERSON ETHICAL CONDUCT AND OR COMPLIANCE WITH THE MLS RULES AND REGULATIONS.**

_____
(Signature of New Broker/Authorized Manager)

I, _____ Public ID # _____
REALTOR®/Salesperson

Office of _____
(Previous Office Name)

Previous Office Address _____

☐ **I also authorize the release of the following agent's listings to transfer to the new office with the agent: All changeable listings, or only listing number:**

_____ _____

_____ _____

_____
(Signature of Previous Broker/Authorized Manager)

504 E. Route 66
Glendora, CA 91740

8229 Rochester Ave., #120
Rancho Cucamonga, CA 91730

Phone: 909.305.2827 | Email: memberservices@cvar.net | www.cvar.net