Date_____

# OFFICE TRANSFER (25.00 Fee Due Upon Receipt)

**Credit Card #** _____ **Exp.** _____

**New Email (if applicable):** _____

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

I,_____ Public ID # _____

**REALTOR® /Salesperson**

## Transferring to:

New Office Name _____ Office Code# _____

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 from New Broker/Authorized Manager)** **(Name of New Broker/Authorized Manager)**

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## This Section if Transferring Listings from Previous Office to New Office (Broker Must Sign)

Listing Status: Active, Active Under Contract, Pending, Hold, Do Not Show, Withdrawn

_____ Public ID # _____

**REALTOR®/Salesperson's Name**

Previous Office Name _____

Previous Office Address _____

**MLS Listing ID Numbers Only (from Citrus Valley Association of REALTORS®**

_____ _____ _____

_____ _____ _____

☐ **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)** **Name of Previous Broker/Authorized Manager)**