

AGENT STATUS CHANGE/TRANSFER FORM

This form is to be used by CCAR and/or ATS (MLS) members changing offices.

Agent Name: _____ TX RE License #: _____

Current Office Name: _____ MLS Office Code: _____

Licensee transferring will be billed a \$15 Transfer Fee

TRANSFER INFORMATION

From: _____ MLS Office Code: _____
Company Name

Address: _____ Company Phone: _____

To: _____ MLS Office Code: _____
Company Name

Address: _____ Company Phone: _____

Authorized Signature: _____ Date: _____
Designated REALTOR®/authorized signatory signature is required for ALL transfers.

AGENT INFORMATION CHANGE (IF APPLICABLE)

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number's: (Check **ONE** box to indicate the number that will be your primary MLS contact number)

Home Number: _____ Cell Number: _____

Voice Mail Number: _____ Pager Number: _____

Personal Fax Number: _____ (Check the box if you want Fax Number in MLS)

*Ethnicity: _____ *Gender: _____ *DOB: _____

*Answers are optional.

E-Mail Address: _____

E-mail will be used by ATS (for MLS listings), CCAR, TAR, and NAR. CCAR does not sell or otherwise distribute e-mail lists.

Web Address: _____

IF INACTIVATING AN AGENT PLEASE SIGN BELOW:

Removed license and returned to TREC on (Date): _____

Authorized Signature: _____ Date: _____

Designated REALTOR®/authorized signatory signature is required for ALL inactivations.

DisplayKey and equipment must be returned within five days of inactivation of membership.