CCAR Listing Transfer Request Form

To transfer listing print, fill out, and submit this form to CCAR via fax at 972-491-3180 with Attn: MLS.

FROM: Designated REALTOR® of firm
Transfer Listing(s) from:

Releasing Office Name: _____ Office Code: _____

Releasing Agent Name: _____ Agent License Number: _____

I agree to release the following listing(s).

	MLS #	ADDRESS	STATUS (A, AO, etc.)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

_____
Releasing Broker Signature/Authorized Signature Date

TO:
Transfer Listing(s) to:

New Office Name: _____ Office Code: _____

Agent Name: _____ Agent License Number: _____

Office Address: _____ City, State, Zip: _____

Office Phone: _____ Agent Phone: _____

I agree to accept the above listing(s).

_____
Receiving Broker Signature/Authorized Signature Date