

**CCAR LISTING TRANSFER FORM**

To transfer listing(s): Complete this form and fax it to 972-491-3180, Attn: MLS.

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

Releasing Office Name: \_\_\_\_\_ MLS Office Code: \_\_\_\_\_  
 Releasing Agent Name: \_\_\_\_\_ Agent License #: \_\_\_\_\_

I agree to release the following listing(s):

MLS #	ADDRESS	STATUS (Active, Pending, etc.)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____

Releasing Broker Signature/Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Transfer Listing(s) to:**

New Office Name: \_\_\_\_\_ MLS Office Code: \_\_\_\_\_  
 Agent Name: \_\_\_\_\_ Agent License #: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

**I agree to accept the above listing(s).**

Receiving Broker Signature/Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_