



REALTOR® TERMINATION/TRANSFER FORM

Date: _____

Transfer Inactive Referral

Real Estate Office: _____

Please be advised that effective _____, 20____, _____
will no longer be affiliated with our office. (Name of licensee)

Transferring Licensees Only:

He/She is moving to _____ (Real Estate Office).

Signature of Current Broker

Date

Signature of New Broker (if transferring)

Date