

AGENT CHANGE FORM

You may fax, hand-carry or mail your application package to NCAOR Office.

Please contact NCAOR to expedite your application request

Type of Change	<input type="checkbox"/> Change of Office or Broker* <input type="checkbox"/> Personal Info (home address, email, etc.) <i>Requires a copy of your DRE License or completed DRE Form 214 reflecting this information</i>
	Agent ID: _____ Former Broker: _____ Office ID: _____ New Broker: _____ Office ID: _____

Old Information (Required)	First Name _____ Middle Initial _____ Last Name _____
	Home Address _____
	City _____ State _____ Zip Code (+ Four) _____ - _____
	Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____
	Where do you want mail to go? <input type="checkbox"/> Home <input type="checkbox"/> Office
	Email Address: _____
	Website: _____
I would like the following telephone number(s) to appear on my listings:	
Primary Phone _____ - _____ - _____	Secondary Phone _____ - _____ - _____

New Information (Required)	First Name _____ Middle Initial _____ Last Name _____
	Home Address _____
	City _____ State _____ Zip Code (+ Four) _____ - _____
	Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____
	Where do you want mail to go? <input type="checkbox"/> Home <input type="checkbox"/> Office
	Email Address: _____
	Website: _____
I would like the following telephone number(s) to appear on my listings:	
Primary Phone _____ - _____ - _____	Secondary Phone _____ - _____ - _____

COMPLETE REVERSE SIDE

AGENT CHANGE FORM

Important- Agent please read below and initial

1) *Any auto email notifications agent has set up in Rapattoni, will be disabled and must be manually enabled by the agent. _____ Initials

2) *I understand that I am responsible for changing my company info at zipForms® and the DRE. _____ Initials

Licensee Signature (I have read all the above and agree) Date / /

I understand that by checking this box, I have read and understood the following:

Any listing which is being transferred to the new office must have a new contract signed by all parties. Please list below listings being transferred with MLS # and address. By signing below the former broker agrees to the transfer of listing to agent's new office and the new broker agrees to the assumption the listings.

Former Brokers Signature Date / /

New Brokers Signature Date / /

MLS ID # _____ Address _____

MLS ID # _____ Address _____

MLS ID # _____ Address _____

MLS ID # _____ Address _____

MLS ID # _____ Address _____

MLS ID # _____ Address _____

MLS ID # _____ Address _____

MLS ID # _____ Address _____

MLS ID # _____ Address _____

Note: if there are additional listing, please print an additional second page with the formers brokers signature recorded on each page.

Nevada County Association of REALTORS

336 Crown Point Circle
Grass Valley, CA 95945
Phone: (530) 272-2627
Fax: (530) 272-2646

