

AGENT / OFFICE CHANGE FORM

You may email, hand-carry or mail your application package to NCAR Office.

Please contact NCAR to expedite your application request

FOR NCAR STAFF ONLY

Member-No: _____

Office No: _____

**Old Information
(Required)**

First Name _____ Middle Initial _____ Last Name _____

Agent's Office Name _____ DRE License _____

Agent's Office Address _____

City _____ State _____ Zip Code(+ Four) _____

Type of Change

Change of Office or Broker* Personal Info (home address, email, etc.)

Requires a copy of your DRE License or completed DRE Form 214 reflecting this information

New Office Information

Office Name _____

Office Address _____

City _____ State _____ Zip Code(+ Four) _____

Office Phone _____ Email _____

New Personal Information

First Name _____ Middle Initial _____ Last Name _____

Home Address _____

City _____ State _____ Zip Code(+ Four) _____

Home Phone _____ Cell Phone _____

Where do you want mail to go? Home Office

Email Address: _____

Website: _____

I would like the following telephone number(s) to appear on my member record:

Primary Phone _____ Secondary Phone _____

Signatures

(REALTOR®/Affiliate) Date

Broker's Signature if applicable Date