



**North San Diego County Association of REALTORS®
A SANDICOR, Inc. Service Center
MLS Subscriber TRANSFER Form**

Agent Information:

Agent Name _____ Agent # _____
Print Name as it appears on DRE License

Mailing Address _____ Apt. # _____
Address

City State Zip

Agent Phone # () - _____ Email Address: _____

Terminating Broker Information:

Firm Name (dba) _____ Firm # _____

Broker Name _____ Broker Signature _____

New Broker Information:

Firm Name (dba) _____ Firm # _____

Office Address _____ Suite # _____
Address

City State Zip

Telephone # () - _____ Fax # () - _____

The effective date of transfer is ____ / ____ / ____

 Agent Signature certifying the above to be true and correct _____ / ____ / ____
Date

The above licensee has transferred to this office. This authorizes his/her access to the SANDICOR, Inc. Multiple Listing Service. Further I understand that I am responsible for the agent's use or misuse of the service in accordance with the Rules and Regulations.

 Broker of Record Signature _____ / ____ / ____
Date

Transfers are completed within 24 to 48 hours of receipt to service center. (760) 734-3976 fax