

SANDICOR, Inc
MLS Subscriber TRANSFER Form

Agent Information:

Agent Name _____
Print Name as it appears on DRE License

Old Agent # _____ New Agent # _____ (If you Transferred to a **New Service Center**)

Residence Address _____
Address Apt. #

City State Zip

Agent Phone # (____) _____ - _____ (Will appear in listings and directory)

Terminating Broker Information:

Firm Name (dba) _____ Firm # _____

Broker Name _____ Broker Signature _____

New Broker Information:

Firm Name (dba) _____ Firm # _____

Office Address _____
Address Suite #

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