



Office Transfer Form

Email completed form to: AssociationSupport@crmls.org or Fax to: 909.859.2050

Transferring Agent Information

Current Public ID:	New Public ID:	New Office ID:
Name:		Agent State License#:
Agent Signature:		
<p>* Select the type of transfer:</p> <p><input type="checkbox"/> Transfer Listing(s) to New Broker (include page 2 with listing number(s) to transfer)</p> <p><input type="checkbox"/> Leave Listing(s) with Current Broker (transfer contacts, saved searches, auto emails) **</p> <p>* Agent always retains finalized listings.</p> <p>** If selected, no broker signature is required.</p>		

IMPORTANT: Please advise member that if they add any information to CRMLS Matrix, including Contacts, Saved Searches, Auto-Emails, or Listings, using their new Public ID prior to the completion of the transfer, all the information will be overwritten and cannot be recovered.

Broker Information

Current Broker Information	<input type="checkbox"/> Broker approval signature on file at Association **
Office Name:	Current Office ID:
Broker Name (DB/OM):	Broker Public ID (DB/OM):
*Signature:	Date:
<p>* By signing you signify you; (1) Understand and approve the transfer type (2) Agree to release the agent, their data, and if applicable, their listings (3) Have reviewed and approve all pages included in this transfer request.</p>	
New Broker Information	<input type="checkbox"/> Broker approval signature on file at Association **
Office Name:	Office State License#:
Broker Name (DB/OM):	Broker Public ID (DB/OM):
*Signature:	Date:

** By checking the **Broker approval signature on file at Association** checkbox, the Association signifies that they have broker signatures on record.

Association Information

*Current Member Association	
Designee Name:	Association:
Signature:	Date:
**New Member Association	
Designee Name:	Association:
Signature:	Date:

*By signing you signify you; (1) Understand and approve the transfer type (2) Agree to release the agent, their data, and if applicable, their listings (3) Have reviewed and approve all pages included in this transfer request (4) Are the Association Executive or their appointed designee.

** A Letter of Good Standing must accompany the Member Transfer Form to ensure timely processing.



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Additional Agents (from Same Office)

Current Public ID:	New Public ID:
Name:	Agent State License#:

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Name:	Agent State License#:

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Name:	Agent State License#:

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