



## **OFFICE TRANSFER FORM**

A licensee transferring from one member firm to another member firm shall, within 30 days of the transfer, submit a completed Transfer Form (Form 99) to the Association with a \$25.00 transfer fee. It should be accompanied by a copy of DBPR Form RE-10. A licensee transferring from one office to another office within the same firm shall submit a completed Transfer Form (Form 99) to the Association. No transfer fee is required. **Return completed for to** <a href="mailto:ae@cparfl.com">ae@cparfl.com</a>

Date:					
Name:					
Real Estate License Number:			NRDS Number:		
Email address:			<u>Pho</u>		
New Firm Name: _					
Firm Address:					
City:	State:	ZIP:	Telephone No		
Designated REALTOR®	/Office Manager Si	gnature:			
Previous Firm Nan	ne:				
Firm Address:					
City:		State:	ZIP:	Telephone No	
CREDIT CARD (Plea	ase Print Clearly	<b>(</b> )			
Name on Credit Card:					
Card Number:			(The CID 3-di	Exp.: igit number on back of VISA	CID:
Billing Address:					
City:				State:	ZIP:
Cardholder Signature:					
FOR OFFICE USE	ONLY:				
DBPRNAVI	ICAMLS	INVOICE	SUPRA		
If new email: CHIMP_	CONTACT LIS	ST WEBSIT	E (new/old age	ency)	