



OFFICE TRANSFER FORM

FEE: \$100.00

Member Name: _____ Date: _____

TREC License Number: _____

Member wants mail to go to:

- Office
- Home

Agency Transferring From: _____

New Agency: _____

New Broker Name: _____

New Agency Street Address: _____

New Agency City State and Zip Code: _____

New Agency Phone number: _____

Agent Email: _____

(please provide us with a new email address if applicable)

Agent Signature: _____ Date: _____