

Topsail Island Association of REALTORS®

AGENT STATUS CHANGE FORM

AGENT PROFILE

Agent's Name: _____

License #: _____

Date: _____

Date Effective: _____

AGENT CHANGES

Transfer: ☐

New Office: _____

Other: ☐

Reason: _____

Leave of
Absence: ☐

Start Date: _____

End Date: _____

VERIFICATION OF CHANGES

Approved By: _____

BIC Signature _____

Date _____