



FREDERICK COUNTY ASSOCIATION OF REALTORS®, INC.

NOTICE OF TERMINATION

Is the license being returned to the Real Estate Commission to be place on inactive status?

Yes _____ No _____ **

License Certification # _____ was returned to the Commission on _____ (date)

**If no: (choose one):

What is the licensee's Primary Association: _____

License transferred to Referral Company on: _____ (date)

This form must be signed by the Licensee's Broker, Designated REALTOR®, or Office Manager and filed with FCAR within five (5) days of the above date.

Member #: _____

Name of Licensee: _____

Office/Company Name: _____

Home Address of Licensee: _____

Signature – Terminating Agent (if available)

Signature – Broker, Designated REALTOR® or Office Manager (required)

This information will be verified with the Real Estate Commission

FOR FCAR STAFF ONLY

Member #: _____ NRDS #: _____ Date Changed: _____

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