



FREDERICK COUNTY ASSOCIATION OF REALTORS®, INC.

NOTICE OF TRANSFER

Name of Licensee: _____

License Number: _____ was transferred on: _____ (date)

Home Address: _____

Phone #: _____ Cell #: _____

Previous Office

Name of Office/Company: _____

Address of Office/Company: _____

Office Phone #: _____ Office Fax #: _____

New Office

Name of Office/Company: _____

Address of Office/Company: _____

Office Phone #: _____ Office Fax #: _____

New/Current E-Mail Address (required):

* _____
*Signature of New Broker, Designated REALTOR® or Office Manager

PLEASE INCLUDE A COPY OF THE NEW LICENSE

FOR FCAR STAFF ONLY

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

