

## Frederick County Association of REALTORS® Notice of Transfer

Name of Licensee:	
License Number:	Transfer Date:
Home Address:	
Phone Number:	Cell Number:
Previous Office	
Name of Office/Company:	
Address of Office/Company:	
Office Phone Number:	Office Fax Number:
New Office	
Name of Office/Company:	
Address of Office/Company:	
Office Phone Number:	Office Fax Number:
New/Current Email*:	
Signature of New Broker, Designated REALTOR® or Office Manager*	
Printed Name of New Broker, Designated REALTOR® or Office Manager*	

Please include a copy of the new license

\*Required

(Revised 1/23)



For FCAR Staff

Member #: \_\_\_\_\_

NRDS #: \_\_\_\_\_

Date Processed: \_\_\_\_\_