

Transfer Form

Effective date of transfer:	
Agent Name:	
Agent Phone:	Mobile Phone:
Agent Email Address:	
Name of Firm Agent is transferring <i>from</i> :	
Name of Firm Agent is transferring to	:
Address of New Firm:	
Office Phone:	
Agent Signature:	
The broker of the agent's new firm must be a participant in the MLS for agent to continue these services. Broker must sign below acknowledging the transferring agent's participation in these services under the new firm.	
THE FOLLOWING FOR NEW OFFICE BROKER TO COMPLETE:	
l,	, am a participant in the
SPLLAR MLS Service and acknowledge	e that I will be responsible for the
above referenced agent in these activ	vities.
BROKER SIGNATURE:	

Please complete this form and forward along with the required \$75 fee to the SPLLAR office within five (5) days of an agent's transfer. Thank you!

P.O. Box 8177 •Clarksville, VA 23927

southernpiedmontll@gmail.com