

SUBSCRIBER TRANSFER FORM New Office Affiliation

Agent Information:	
Agent Name Print Name as it appears on DRE License	MLS ID #
Please update my personal information:	
Mailing Address	
Agent Phone # () - Agent Additional Phone	e#(<u> </u>
E-Mail Address	
☐ I have a registered assistant. Please transfer their MLS Use	er Account.
Assistant Name Assistant M	LS ID #
New Broker Information:	
Firm Name (dba)	Firm #
Office Address	
Telephone # () - Fax # ()	-
Agent Signature certifying the above to be true and correct	/
The above licensee has transferred to this office. This authorizes his Listing Service. Further I understand that I am responsible for the a service in accordance with the Rules and Regulations.	•
	/
New Broker of Record/Manager Signature	Date
**Listings will not be transferred with this form. If there are list transferred please fill out the Listing Transfer Form.	ings that need to be
Transfers are completed within 24 to 48 hours of receipt to see E-Mail: membership@nsdcrealtors.com	rvice center.

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