



FREDERICK COUNTY ASSOCIATION OF REALTORS®, INC.



**NOTICE OF TRANSFER**

Name of Licensee: \_\_\_\_\_

License Number: \_\_\_\_\_ was transferred on: \_\_\_\_\_ (date)

Home Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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**Previous Office**

Name of Office/Company: \_\_\_\_\_

Address of Office/Company: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Office Fax #: \_\_\_\_\_

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**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 (required)***

\_\_\_\_\_  
***Printed Name of New Broker, Designated REALTOR® or Office Manager (required)***

***PLEASE INCLUDE A COPY OF THE NEW LICENSE***

**FOR FCAR STAFF ONLY**

Member #: \_\_\_\_\_ NRDS #: \_\_\_\_\_ Date Changed: \_\_\_\_\_

