



1830 Eastchester Drive
High Point, NC 27265
(336) 889-8181
www.hprar.org

TRANSFER FORM

Effective Date of Transfer: _____

Agent Name: _____ License #: _____

M1 Number: _____

Update/Change Agent Information

Agent Cell Phone: _____ Agent Email: _____

Agent Mail Address: _____

License Transfer

Name of Firm Agent is Transferring From: _____

Are there any active listings transferring with agent: ___ No ___ Yes

(If yes, the BIC of the firm with the listings must authorize transfer in writing/via email to HPRAR)

Name of Firm Agent is Transferring To: _____

Address of New Firm: _____

Office Phone: _____ Website: _____



Agent Signature: _____

The Broker in Charge (BIC) of the agent's new firm must be an HPRAR Member and participant in the Triad MLS and/or Key Programs in order for agent to continue these services. BIC must sign below acknowledging the transferring agents participation in these services under the new firm.

NEW OFFICE BIC TO COMPLETE THE FOLLOWING:

I, _____, am a member of HPRAR and acknowledge that the above referenced agent's license has been affiliated with my firm through the NC Real Estate Commission.



BIC Signature: _____

Please complete this form and submit it to the High Point Regional Association of REALTORS® along with the \$30 transfer fee, within 3 days of an agent's transfer. Thank you.