

Office / Broker Change Form

Please Fax or Email to (707) 577-0140 – membership@norcalmls.com

Broker Name: _____ Broker ID: _____

Office Name: _____ Office ID: _____

Update Broker E-mail Address: _____

Update Office Website URL: _____

Change DRE # displayed on the office roster to: Participant Broker License # _____

Corporate License # _____

Change the method of receiving your statement. There is a \$5.00 charge for mailing of paper statement.

E-mail Address: _____ Paper Statement

Please check all that apply and fill out the corresponding information below:

Change Existing Office Information

New Branch Office

Office Name Change

Close Office **This will inactivate all agents and listings associated with the office.*

Begin Leave of Absence (Maximum 1 year) Effective: _____ / _____ / _____

Return from Leave of Absence Effective: _____ / _____ / _____

**Must include Quarterly fees & \$50 Return from LOA fee \$ _____*

Change Office Manager: Old Mgr: _____ _____
Manager Name *Mgr Agent ID*

New Mgr: _____ _____
Manager Name *Mgr Agent ID*

Change Broker of Record **New Broker of Record must complete the Broker application packet and submit the necessary fees.*

New Broker of Record: _____ / _____
Print Name *Signature*

New Office Name: _____

New Billing Address (Mailing): _____
Address *City* *Zip*

New Physical Address (For Roster): _____
Address *City* *Zip*

New Office Phone #: _____ New Office Fax #: _____

List Agents Working in the New Office: _____

Broker Participant Signature **Broker ID**

Print Name **Date**



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