



## Office Transfer Form

Welcome to the REALTOR® Family. Thank you for choosing the EPCAR as your primary Association. This form can be filled out on a computer with Adobe Reader.

### CONTACT INFORMATION

First Name: _____	Last Name: _____
Nickname (if used) _____	Cellphone: _____
E-mail: _____	Other Phone: _____
Website: _____	License #: _____
Birth Date: _____	Today's Date (mm/dd/yyyy): _____
Street Address: _____	
City: _____	State: _____ Zipcode: _____

### OFFICE INFORMATION

Office Name: _____	Office License # (optional): _____
Broker Name: _____	Office Phone: _____
Office NRDS #: _____	Office Street Address: _____
City: _____	State: _____ Zipcode: _____

**By checking this box and typing my name below, I am electronically signing this application. As such, I acknowledge and consent that my electronic signature should be given the same legal force and effect as a handwritten signature.**

Realtor Signature \_\_\_\_\_ Date \_\_\_\_\_

*There is a \$25 Office Transfer Fee payable at time of transfer. All transfers will be completed same day unless submitted after hours or on weekends*