



## 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*