



Office Transfer Form

Please complete Office Transfer form when a licensee is transferring from one OMCAR member firm to another OMCAR member firm or when transferring from one office to another office within the same firm. Submit completed form to OMCAR, new.membership@omcar.com, within 48 hours of this transfer.

AGENT INFORMATION:

Full Name: _____ NRDS #: _____

Email: _____

Agent Signature: _____

OFFICE INFORMATION:

New Firm Name: _____ Firm NRDS #: _____

Firm Address: _____

City: _____ Zip Code: _____

PREVIOUS OFFICE NAME:

Firm Name: _____ Firm NRDS #: _____

Designated REALTOR®/Office Manager Name: _____
(Please Print)

Designated REALTOR®/Office Manager Signature: _____
(Required)

FOR ADMINISTRATION:

M1 LAMPS SUPRA STELLARMLS CONSTANT CONTACT

of Listings transferred to previous broker _____

Listing #s: _____