

Notice of Transfer

Certified by

gcaar.com

Agent Information					
Name of Licensee/Agent:					
GCAAR Member #:			_		
License #		was transferred on _	/	/20	<u>_</u> .
Home Address	Suite #	City	State		Zip Code
Work E-Mail		Phone Number		_	
Previous Office					
Previous Office Name					
Previous Office Address	Suite #	City	State		Zip Code
New Office					
New Office Name					Direct Office Phone
Company Address	Suite #	City	State		Zip Code

Please note: The member's real estate license needs to reflect the new office information in order for GCAAR to process this notice of transfer form.

Signature of Office Manager or Broker	Name Printed	Date	