GCAAR
GREATER CAPITAL AREA ASSOCIATION OF REALTORS®

gcaar.com

Notice of Transfer

Agent Information

Name of Licensee/Agent: _____

GCAAR Member #: _____

License # _____ was transferred on __/____/20__.

_____

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*

Either submit a copy of your real estate license or have your broker /office manager sign below.

Certified by

_____ _____ _____

Signature of Office Manager or Broker Name Printed Date