



Santa Cruz County Association
of REALTORS®, Inc.

OFFICE TRANSFER FORM
Processing Fee \$35

*Completely Fill out this form and BRE form RE214 and fax back to 831-464-2881. New Designated Broker signature is required.

Personal Information

Last Name:	First Name	M.	Member #
Phone:	Alternate Phone: (Cell, Pager)		
E-mail Address			

I Prefer My Primary Mailing Address to be

Company Home

NEW
Company Information

Company/Firm Name:	Broker Name	
Address:		
City:	State:	Zip:
Phone:	Ext.	Fax:

OLD
Company Information

Company/Firm Name:	Broker Name	
Address:		
City:	State:	
Phone:	Ext.	Fax:

SIGNATURES

Member's Signature	Date
New Designated Broker	Date

Office Transfers Require a \$35 Processing Fee
(The Following Authorizes SCCAR to charge your Credit Card)

Name as it Appears on Credit Card	CC Billing Address:	
Credit Card Number #	VIN#	Expiration Date