

## REALTORS® ASSOCIATION OF LINCOLN CHANGE OF OFFICE AFFILIATION - AGENT TRANSFER

I request that my Designated REALTOR® Affiliation be transferred effective \_\_\_\_\_ (date).

**Required information:**

**MEMBER NAME/ID:**

\_\_\_\_\_ (Full Name) \_\_\_\_\_ (MLS Login ID)

**CURRENT OFFICE:**

\_\_\_\_\_ (Office Name)

\_\_\_\_\_ (Office Address)

**NEW BROKER/OFFICE:**

\_\_\_\_\_ (Broker Name)

\_\_\_\_\_ (Office Name)

\_\_\_\_\_ (Office Address)

**NEW EMAIL ADDRESS (after transfer):**

\_\_\_\_\_ (New Email)

**PERSONAL INFORMATION VERIFICATION:**

\_\_\_\_\_ (Mobile Phone) \_\_\_\_\_ (Birthdate)

\_\_\_\_\_ (Home Address)

\_\_\_\_\_ (City, State, Zip)

**LICENSE VERIFICATION:**

Type: Salesperson\_\_\_\_ Broker\_\_\_\_ Appraiser\_\_\_\_ License number(s) \_\_\_\_\_

**MEMBER CERTIFICATION:**

*I certify that the above information is correct, and that I have completed all the necessary license-transfer requirements of the Nebraska Real Estate Commission, including required notice of the transfer to my current broker.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NEW BROKER CERTIFICATION:**

*On behalf of our firm, I approve the new affiliation as outlined above.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_