

Lexington-Buena Vista-Rockbridge Association of REALTORS

205 South Main Street • P.O. Box 797

Lexington, VA 24450

Phone: 540-464-4700 Fax: 540-464-4600

Transfer to New Broker

(\$25.00 Transfer Fee)

This is to inform the Lexington-Buena Vista-Rockbridge Association of REALTORS® that the following agent has transferred to this office, effective ____/____/____. As the new responsible broker, I hereby accept and assume all rights and obligations pursuant to the Bylaws, Policies and MLS Rules & Regulations of the Association.

Name as shown on License (Please Print) _____

License No. _____ Expiration Date: ____/____/____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Cell/Pager: _____

E-Mail Address: _____

.....

New Firm Name: _____

New Firm Address: _____

.....

Old Firm Name: _____

A copy of the agent's new license and the transfer fee of \$25.00 must be submitted with this form.

_____/_____/_____
(Signature of Agent) (Date)

_____/_____/_____
(Signature of Broker) (Date)