



**BAY AREA ASSOCIATION
OF REALTORS, INC**

PO Box 190, Centreville, MD 21617
Phone: 410-758-4866
Fax: 410-758-4832

Membership Update / Return of License / Report of Transfer Form

Date: _____

Firm: _____

Broker # _____

Phone #: () _____ - _____

IMPORTANT: Please specify report by checking one below:

- Transfer to different company within BAAR (section II and III)
- Change in Name/Address/Phone Number (top section)
- Return of License (section I)
- Transfer to a referral company (section I)
- Transfer to different Board/Assn (section II)

Name of Licensee (Member): _____

Social Security Number: _____ Home Phone: () _____ - _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address (if changed): _____

I. PLEASE COMPLETE IF REPORTING A RETURN OF LICENSE VERIFICATION:

Broker/Manager confirms that _____ is no longer licensed with Broker Member and that his/her license has been returned to the Real Estate Commission.

(Firm Name) (Date of Severance) (Signature of Broker/Manager)

II. PLEASE COMPLETE IF REPORTING A LICENSE TRANSFER -- FEE: \$25.00

TRANSFER FROM:

Current Firm: _____ Firm Code: _____

Firm Address: _____ City: _____ State: _____ Zip: _____

Board/Association: _____

TRANSFER TO:

New Firm Name: _____ Firm Code: _____

New Firm Address: _____ City: _____ State: _____ Zip: _____

Board/Association: _____

III. VERIFICATION for TRANSFER THAT INDIVIDUAL IS LICENSED WITH BROKER MEMBER:

Broker/Manager confirms that _____ is in fact, licensed with Broker Member, Broker Member agrees to notify BAAR in writing should said licensee and/or Broker Member terminate affiliation.

(Firm Name)

(Signature of Broker/Manager)

