

## TRANSFER REQUEST FORM

2627 Brekonridge Centre Dr. Monroe, NC 28110 Ucarmonroenc@gmail.com 704-776-4055

**SECTION I: Agent Transfer Information** 

Name:			Date:/
Member/MLS ID:		License Number:	
Previous firm affiliation:			
New firm affiliation:			
Office phone:	Office fax:	Agent cell phone	e:
Agent email:		Website:	
Signature of transferring	g agent:		Date://
Signature of new broker	in charge:		Date:/
SECTION II: Designated	Realtor®/Member Participant MUST si	gn below	
CMLS TRANSFER REQI	UEST: (For those individuals who sub	scribe to the MLS)	
	(Men	<u>nber Participant - MP)</u> , reque	st Carolina Multiple Listing
Services for the individu	al named below.		
Agent name (print):			
Agent signature:			
CMLS member participa	ant (print):		
Signature of CMLS men	nber participant:		
SECTION III: Status Tra	nsfer - From REALTOR <sup>®</sup> to DESIGNATED	REALTOR <sup>®</sup>	
In order to transfer a Re	ealtor <sup>®</sup> member to Designated Realtor <sup>®</sup> (	firm head) status, the following	ng is required:
<ul> <li>Individual must be a Broker in Charge of</li> <li>Hold an active NC F</li> <li>The Designated Realtor</li> </ul>	a partner, principal or corporate office of a branch office of the company AND Real Estate broker's license or be a state <sup>®</sup> transfer procedure requires payment o	the company OR the owner of certified appraiser	of the company OR the
companies).			
I have read and fully und	derstand the above requirements		
Signature			Date//
	<sup>®</sup> is required to pay an annual assessme ociation as Realtors <sup>®</sup> .	ent per non-Realtor <sup>®</sup> member	licensee, unless these

When transferring firms within UCAR, a \$25.00 fee is charged. When transferring from another association, the one-time fee of \$150 is charged + pro-rated UCAR annual fees. Fees may be paid by check, mailed or dropped off to UCAR office, or by credit card, paid

online via invoice emailed to you. Please indicate which you prefer: Check\_\_\_\_ Credit Card\_\_\_\_