



**SOUTHLAND REGIONAL**  
**ASSOCIATION OF REALTORS<sup>®</sup>, INC.**

### **Broker Associate Office Change Form**

**Broker Associates are Brokers who are hanging their License under another Broker.**

**(Please print or type)**

**Membership Number:** \_\_\_\_\_

**Broker Associate Name:** \_\_\_\_\_

**Broker Associate License Number:** \_\_\_\_\_

**Previous Firm Number:** \_\_\_\_\_

**Previous Firm Name:** \_\_\_\_\_

**Previous Firm Address:** \_\_\_\_\_

**New Firm Number:** \_\_\_\_\_ **Make Firm Active: Y or N**

**New Firm Name:** \_\_\_\_\_

**New Firm Address:** \_\_\_\_\_

**New Firm City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**New Phone Number:** \_\_\_\_\_

**New Email Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Broker Associate Signature:** \_\_\_\_\_

**Member Class: FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**Fax Back To: 818-786-0364**

Form No BAO2017