
LISTING TRANSFER FORM

Listing Agent CRMLS ID: _____ Agent Name: _____

Releasing Office Name: _____ CRMLS Office ID: _____

Office Address: _____

Broker Name: _____

Receiving Office Name: _____ CRMLS Office ID: _____

Office Address: _____

Broker Name: _____

LISTINGS TO BE TRANSFERRED:

MLS ID: _____ Property Address: _____

MLS ID: _____ Property Address: _____

MLS ID: _____ Property Address: _____

MLS ID: _____ Property Address: _____

MLS ID: _____ Property Address: _____

MLS ID: _____ Property Address: _____

MLS ID: _____ Property Address: _____

MLS ID: _____ Property Address: _____

MLS ID: _____ Property Address: _____

REQUESTS MUST BE SIGNED BY BOTH BROKERS AND THE RELEASING LISTING AGENT.

Authorized Signature to Release Listing(s) Broker: _____ Date: _____

Authorized Signature to Accept Listing(s) Broker: _____ Date: _____

Authorized Signature to Release Listing(s) Agent: _____ Date: _____

Once completed, please email form to MLS@srcar.org. Requests may take up to 2 business days to process.