

Real Estate License Transfer Application Form

Please complete all relevant fields. Incomplete forms may delay processing.

Licensee Full Name:

Current License Number:

Date of Birth:

Current Brokerage/Agency Name:

Current Brokerage Address:

New Brokerage/Agency Name:

New Brokerage Address:

Effective Date of Transfer:

Contact Phone:

Contact Email:

Reason for Transfer (select one):

-- Please Choose --

Certifications & Acknowledgments:

Checkbox	Statement
<input type="checkbox"/>	I certify that all information above is accurate and complete.
<input type="checkbox"/>	I acknowledge that incomplete forms may delay the transfer process.
<input type="checkbox"/>	I have informed both my current and new brokerage of the pending transfer.

Licensee Signature:

Date Signed:

[Print / Save Form](#)

Submit this form as per your state licensing authority's instructions.