

Southwest Louisiana Association of REALTORS REALTOR or Personnel Status Form

DELETE REALTOR

TRANSFER REALTOR

REASON FOR DELETION:

Terminate License Returned

Effective Date: _____

Firm Transferring From: _____

Firm Transferring To: _____

REALTOR INFORMATION

Name _____ Phone () _____ SS# _____
last 4 digits

Address _____ Zip _____

Email Address _____ Firm _____

REALTOR ADDRESS OR PHONE CHANGE:

Name _____ Phone () _____ SS# _____
last 4 digits

Address _____ Zip _____

Email Address _____ Firm _____

BROKER OFFICE ADDRESS OR PHONE CHANGE:

Firm _____ Branch _____

Address _____ Zip _____

Broker # _____ Phone () _____ Fax _____

Email Address _____

Broker's Signature _____ Date _____

NOTE: To be submitted to Board Office immediately upon change. Fax: 337-477-3973

For office use only:

MLS	NRDS	CC	QB	LREC	CEO
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Initial: _____	Initial: _____	Initial: _____	Initial: _____	Initial: _____	Initial: _____