

## STAFF or Personnel Status Change Form

ADD MLS Staff			☐ DELETE MLS Staff		
Effective Da	ite:				
STAFF INF	ORMATIO	N			
Name		J	Phone ( )_	SS#	1
					Zip
Firm		Email A	ddress		
STAFF ADI	DRESS OR	PHONE CHAI	NGE:		
Name		J	Phone ( )_	SS#	·
Address		(	City	State	last 4 digits Zip
Firm		Email Addr	ess		
BROKER C	OFFICE AD	DRESS OR PH	IONE CHAN	NGE:	
Firm			Branch_		
Address		(	City	State	Zip
				State Fax (	
Broker #		Phone	( )		)
Broker #	ess	Phone	( )	Fax (	)
Broker # Email Addre Broker's Sig	ess	Phone	( )	Fax (	)
Broker # Email Addre Broker's Sig NOTE: To b	ess gnature be submitted to use only:	Phone of the Board Office	immediately	Fax ( Date upon change. Fax	337-477-3973
Broker # Email Addre Broker's Sig NOTE: To b For office u	gnature ge submitted to use only: NRDS	Phone of the Board Office	immediately  QB	Fax ( Date upon change. Fax LREC	) : 337-477-3973
Broker # Email Addre Broker's Sig NOTE: To b For office u MLS Date:	gnature  e submitted to  use only:  NRDS  Date:	no Board Office  CC Date:	immediately  QB Date:	Fax ( Date upon change. Fax	CEO Date:

Revised: 4/25/18