



# OFFICE TO OFFICE/LISTING TRANSFER

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**SEND COMPLETED FORM TO: [MEMBERSHIP@TIGAR.ORG](mailto:MEMBERSHIP@TIGAR.ORG)**

Complete this form to transfer between offices within TIGAR. This form does NOT apply to transfers between outside associations. Office transfers can only be completed after your office record has been updated with the DRE. Transferring offices will result in listings being left with the original broker, unless the broker authorizes the listings to be transferred to the new office.

## MEMBER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
MLS ID: \_\_\_\_\_ DRE #: \_\_\_\_\_  
Previous Office: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## NEW OFFICE INFORMATION

Office Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

By signing below, DR or Broker confirms that the appropriate DRE change process has been completed. Transfers and terminations will not be made effective until such verification is completed. In addition the new DR or Broker accepts all responsibility for agent's existing lock-box leases and membership dues.

Designated REALTOR®/Broker Name: \_\_\_\_\_

Designated REALTOR®/Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## LISTING TRANSFERS *(If applicable)*

The originating DR/Broker MUST complete this portion in its entirety otherwise the listings will not be released and will remain with the old brokerage in his/her name. By signing below, the originating DR/Broker confirms the release of the following listings. Please note: if the office change is not reflected on the DRE records, the transferred listings will be moved to the new DR/Brokers name **ONLY**.

Listing ID: _____	Address: _____
Listing ID: _____	Address: _____
Listing ID: _____	Address: _____
Listing ID: _____	Address: _____
Listing ID: _____	Address: _____

Transferring DR/Broker/Manager Name: \_\_\_\_\_

Transferring DR/Broker/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accepting DR/Broker/Manager Name: \_\_\_\_\_

Accepting DR/Broker/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_