



LISTING TRANSFER—*Within TIGAR*

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SEND COMPLETED FORM TO: MEMBERSHIP@TIGAR.ORG

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**.

MEMBER INFORMATION

First Name: _____ Last Name: _____

MLS ID: _____ DRE #: _____

Previous Office: _____

New Office: _____

New Office Address: _____ Effective Date: _____

Listing ID: _____ Address: _____

Listing ID: _____ Address: _____

Listing ID: _____ Address: _____

Listing ID: _____ Address: _____

Listing ID: _____ Address: _____

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: _____

Agent Signature: _____ Date: _____