



SOUTHWEST RIVERSIDE COUNTY  
ASSOCIATION OF REALTORS®  
MLS Subscriber TRANSFER Form

Agent Information:  
(Transfers are subject to MLS Fees)

Agent Name: \_\_\_\_\_  
Print Name as it appears on DRE License

Residence Address: \_\_\_\_\_  
\_\_\_\_\_

City State Zip Code

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Terminating Broker Information:

Firm Name: \_\_\_\_\_

Broker Name: \_\_\_\_\_

New Broker Information:

Firm Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

City State Zip Code

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Agents Signature; \_\_\_\_\_ Date: \_\_\_\_\_

The Above licensee has transferred to this office. This Authorizes his/hers access to the SRCAR Multiple Listing Service. Further I understand that I am responsible for the Agents use or misuse of the service in accordance with the SRCAR bylaws as well as the content Policy & Procedures.

Broker of Record and/or Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SRCAR Office use Only:

Rapattoni \_\_\_\_\_

MRMLS \_\_\_\_\_

NRDS No: \_\_\_\_\_

Paid MLS \_\_\_\_\_

QTR: \_\_\_\_\_

NRDS \_\_\_\_\_