



OFFICE TRANSFER

(25.00 Fee Due Upon Receipt)

Credit Card # _____ exp. _____

This Transfer must be submitted to the Association Office within 48 hours of transfer.

Date _____

I, _____ Public ID# _____ hereby transfer from
REALTOR®/Salesperson

Office of _____ Office Code# _____
(Office Name)

Office Address _____

(Signature of Broker/Authorized Manager)

I also authorize the release of the following agent's listings to transfer to the new office with the agent: ☐ All changeable listings, or only listing number:

504 E. Route 66 8229 Rochester Ave., #120
Glendora, CA 91740 Rancho Cucamonga, CA 91730

Phone: 909.305.2827 | Fax: 909.305.2833 | www.cvar.net

I, _____ Public ID # _____ hereby transfer to
REALTOR®/Salesperson

Office of _____ Office Code# _____
(Office Name)

Office Address _____

**I HEREBY CERTIFY THAT I WILL BE RESPONSIBLE FOR THE ABOVE
NAMED REALTOR®/SALESPERSON ETHICAL CONDUCT AND OR
COMPLIANCE WITH THE MLS RULES AND REGULATIONS.**

(Signature of Broker/Authorized Manager)

Please email to: memberservices@cvar.net

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Glendora, CA 91740

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