



Date \_\_\_\_\_

Firm \_\_\_\_\_

Phone # \_\_\_\_\_

**HARFORD COUNTY ASSOCIATION OF REALTORS®, INC.**

P.O. Box 802

Bel Air, MD 21014-0802

PHONE 410-569-0750

FAX 410-569-9654

[info@harfordrealtors.com](mailto:info@harfordrealtors.com)

**MEMBER CHANGE FORM (Print or Type)**

Name of Licensee \_\_\_\_\_  
(Last) (First) (Middle Initial)

NRDS # \_\_\_\_\_ License # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone# \_\_\_\_\_

EMAIL Address \_\_\_\_\_

Type of Licensure:  Real Estate  Appraisal

Class:  Designated REALTOR®  REALTOR®  Affiliate  Other (Specify) \_\_\_\_\_

**IMPORTANT! Specify the report being made:**

- Transfer to another Broker
- Transfer to another Branch office
- Transfer to Referral Company
- Return of License to Maryland Real Estate Commission
- Change in Name/Address/Number/Email/Other

**PLEASE COMPLETE IF REPORTING A CHANGE IN NAME/ADDRESS/NUMBER/EMAIL**

Correction to or Change of Name (*Please Specify*) \_\_\_\_\_

Change of Branch Office (*Please Specify*) \_\_\_\_\_

Change of Home Address (*Please Specify*) \_\_\_\_\_

Change of Home Phone Number (*Please Specify*) \_\_\_\_\_

Change of Email (*Please Specify*) \_\_\_\_\_

Other (*Please Specify*) \_\_\_\_\_

**COMPLETE IF REPORTING A LICENSE TRANSFER**

**TRANSFERRED FROM:**

Firm \_\_\_\_\_ Broker # \_\_\_\_\_

Firm Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**TRANSFERRED TO:**

Firm \_\_\_\_\_ Broker # \_\_\_\_\_

Firm Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**COMPLETE IF REPORTING A RETURN OF LICENSE**

**Verification that individual is no longer licensed with Broker**

Broker/Manager confirms that \_\_\_\_\_ is no longer licensed with Broker  
and that his/her license has been returned to the Real Estate Commission. *Date of*  
*Severance:* \_\_\_\_\_

Firm Name \_\_\_\_\_ Broker # \_\_\_\_\_ Signature of Broker or Office Manager \_\_\_\_\_

I confirm that the above information is correct.

\_\_\_\_\_  
Signed PRINT NAME Date