
Agent MLS Change Form

Date _____

Agent Information

Full Name _____

Address _____

City _____ State _____

Email _____ ZIP _____

Phone # _____

Real Estate License # _____

Brokerage Information

Current Brokerage _____

Authorization

I hereby request that my MLS affiliation be transferred from my current brokerage to new brokerage as indicated above. I understand that you will check once all necessary MLS requirements are met.

Agent Signature _____

Date _____

Managing Broker (New
Brokerage) Signature _____

Date _____

Office Use Only _____ Amount \$ _____

Date Received: _____ Check #: QB Email \$ _____

WEBSITE ROSTER _____ QB EMAIL BOD _____ TY LETTER