

Listing Transfer Request Form

Email completed form to: info@wsqvar.com or Fax to: 626-288-7658

Agent Information

Agent Name: _____

WSGVR Member # / CRMLS Public ID: _____ Agent DRE # _____

I have recently transferred to a new broker. I am requesting my following CRMLS listing(s) to be transferred to my new broker.

Agent Signature: _____ Date: _____

Broker Information

Current/Original Broker

Office Name: _____

Broker Name: _____

*Broker Signature: _____ Date: _____

*** By signing you signify you have reviewed, understand and approve this listing transfer request. You have agreed to RELEASE the CRMLS listing(s) listed below.**

New Broker

Office Name: _____

Broker Name: _____

*Broker Signature: _____ Date: _____

*** By signing you signify you have reviewed, understand and approve the listing transfer request. You have agreed to ACCEPT the CRMLS listing(s) listed below.**

Enter all transferring CRMLS listing number(s) below:

1. _____

2. _____

3. _____

4. _____

5. _____

(Please attach additional pages if necessary.)

WSGVR Use Only: Date Received _____ Date Completed _____ Completed by _____