

## FIRM ROSTER TRANSFER FORM

*NCREC firm affiliation change confirmation PDF must accompany all transfer requests.*  
Applications are incomplete and cannot be processed until this form has been provided

DATE:

REALTOR  
SIGNATURE:

### SECTION ONE: AGENT INFORMATION

FULL  
NAME:*\*as on record with NCREC*PREFERRED  
NAME:*\*if different than above*PREFERRED  
PHONE:HOME  
ADDRESS:NCREC  
LICENSE #:REALTOR  
NRDS #:PREFERRED  
EMAIL:MAILING  
ADDRESS:

### SECTION TWO: RECEIVING FIRM INFORMATION

FIRM  
NAME:OFFICE  
NRDS #:OFFICE  
ADDRESS:OFFICE  
BIC:BIC  
EMAIL:BIC  
SIGNATURE:

### SECTION THREE: EXITED FIRM INFORMATION

FIRM  
NAME:OFFICE  
BIC:

### SECTION FOUR: PAYMENT INFORMATION

CARD  
NUMBER:EXPIRATION:  
*(two-digit month/year)*BILLING  
ZIP:CVC  
CODE:NAME  
ON CARD:CARD HOLDER  
SIGNATURE:

### SECTION FIVE: Completed by HBOR Staff