

Transfer/ Change Form

Please submit a separate form for each individual.

Allow two working days after receipt for processing.

Email: info@btvar.com

It is extremely important that this form be submitted as soon as a change in status is made. A form MUST be completed for ALL changes. Names will only be removed from a license roster upon receipt of this form. Please note it is illegal for non-members to use the term REALTOR®.

Dat	Date: PL	EASE PRINT
Na	Name:	
	License # (TN/VA)"	
	NRDS #:	
	☐ License transfer from:	
	To (New Office):	
	Address:	
	City, State, Zip:	
	Phone: ()	
	License is no longer hanging in a REALTOR® office.	
	License is inactive/retired, and will no longer be in the real estate profession.	
	Change of: Designated/Managing Broker to:	
	Change of: Home address:	
	Home #: ()	Fax #: ()
	☐ Add or change email address:	
	☐ Preferred Mail to: ☐ Firm ☐ Home	
	☐ Preferred Fax: ☐ Firm ☐ Home	
	☐ Broker has given notice to: ☐ Association of RE.	ALTORS® 🔲 TN/VA MLS
	☐ License Departme	nt (license mailed in)
		,
Tha	Thank you for changing your database accordingly.	
— (Ag	(Agent Signature) Date (I	New Broker Signature for Transfers) Date