



REALTOR® CHANGE FORM

*** THIS FORM MUST BE SUBMITTED TO KWAOR WITHIN 10 DAYS OF AFFILIATION OR SEVERANCE**

Date: _____

To: Kent Washington Association of REALTORS®

From: _____
(Firm Name)

Name of Licensee _____

Real Estate License # _____

Effective Date of Affiliation / Severance _____

Licensee is a (please check one from each column):

_____ New	_____ Realtor®
_____ Transfer	
_____ Drop	_____ Salesperson

Check One:

The above licensee has moved:

From: _____
(Former Firm)

(Address)

To: _____
(New Firm - if known)

(New Address)

Agent's new e-mail address: _____

The above license has been returned to the Department of Business Regulations. Copy of letter accompanying license is attached herewith.

Signed: _____
Designated REALTOR®