



# NVAR Brokerage Transfer Form

Agent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's E-Mail Address \_\_\_\_\_

**REQUIRED** NAR NRDS# OR VA Real Estate License #: \_\_\_\_\_

## **Termination** (To be completed by broker/manager of firm agent is leaving)

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Broker Name: \_\_\_\_\_

Broker Signature (REQUIRED) \_\_\_\_\_

**Reason for Termination:**  License Returned to DPOR:  Inactive or  Referral  
 Transfer to New Firm  Leaving Area or Industry  Deceased  Other

## **Transfer** (To be completed by broker/manager of new firm)

New Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Broker Name: \_\_\_\_\_

Broker Signature (REQUIRED): \_\_\_\_\_

**Return Completed Forms via Fax to 703-207-3275  
Or send via email to membership@nvar.com**

<b>For Office Use</b> Date Change Taken: _____ By User: _____
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