



LOCAL  
ACCURATE  
TRUSTED

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## Office Change Request Form

Please only complete the fields for the information that you wish to change.

**Type of Professional Change** (please select one):

- \_\_\_\_\_ Agent Transfer – For agents transferring from one member office to another (**New Broker** signature required).  
\_\_\_\_\_ Reactivation – For agents who are within 6 months of properly leaving Coastal Association's Membership.  
\_\_\_\_\_ Inactive/Termination – For agents who are putting their license inactive with **MDREC or nonmember brokerage**.  
\_\_\_\_\_ Office Changes – For changes to office address, phone numbers or email.

### **AGENT CHANGES:**

Today's Date: \_\_\_\_\_

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

Agent Email Address: \_\_\_\_\_

New Broker Office: \_\_\_\_\_ Office Phone: \_\_\_\_\_

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

Broker/DR Signature: \_\_\_\_\_

Releasing Broker Office: \_\_\_\_\_ Office Phone: \_\_\_\_\_

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

Releasing Broker/DR Signature: \_\_\_\_\_

### **OFFICE CHANGES** (Please only indicate that which has changed and company name):

**\*REQUIRED** Company Name: \_\_\_\_\_

NEW Office Address: \_\_\_\_\_

NEW Office Phone: \_\_\_\_\_ NEW Office Fax: \_\_\_\_\_

NEW Office E-Mail Address: \_\_\_\_\_

**\*REQUIRED** Broker/DR Signature \_\_\_\_\_ Date: \_\_\_\_\_

This is a Coastal Association of REALTORS® form and is not used to inactivate/change licensing information with the MDREC.