

**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):

New

Transfer

Drop

# 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®*

***PLEASE EMAIL OR FAX COMPLETED FORM TO:*** [***kathleen@kwaor.realtor***](mailto:kathleen@kwaor.realtor) ***or 401-885-5968.***

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