



# HATTIESBURG Area Association of REALTORS®

## AGENT TRANSFER FORM

DATE: \_\_\_\_\_

NAME (Last, First, Middle Initial) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

YOUR EMAIL ADDRESS: \_\_\_\_\_

OFFICE NAME: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

OFFICE FAX: \_\_\_\_\_

DATE YOU WERE LICENSED WITH THIS OFFICE: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

PREFERRED MAILING ADDRESS (if different from office)

\_\_\_\_\_

\_\_\_\_\_

\*\*\*Please provide a copy of your current Real Estate License\*\*\*

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