

Agent Status Change Form

Date Effective: _____

Office: _____

MCAR Office ID#: _____

Agent's Name

Real Estate License

Active/Inactive (circle one)

6501- _____

Active/Inactive (circle one)

6501- _____

Active/Inactive (circle one)

6501- _____

Active/Inactive (circle one)

6501- _____

Please add/delete the above agent to our office roster. Attached is a copy of their Real Estate License. If you have any questions, please contact me at your convenience.

Broker/Manager: _____ Phone # _____

PLEASE FAX OR MAIL TO: Elaine Gatlin, Director of Membership