



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**

For Office Use Date Change Taken: _____ By User: _____
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