

**New Office /
Office Transfer
Application**



830 Morro Bay Blvd, Morro Bay, CA 93442
Phone: 805-772-4405 Fax: 805-772-1391
www.ScenicCoast.org

Agent Information

Agent Name: _____

Home Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Agent Phone: _____ Cell Phone: _____

(This will appear on your listing)

E-mail Address: _____ Website Address: _____

DRE License: _____ Expire Date: _____

_____ I Will I Will NOT allow the following listings to be transferred to this salesperson's new office...
(PRINT name of Current Broker)

MLS # _____ Listing # _____, MLS # _____ Listing # _____

MLS # _____ Listing # _____, MLS # _____ Listing # _____

Release by Current BROKER: _____

(Signature of Current BROKER)

New Office Information

Firm Name: _____ Firm MLS #: _____

Office Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Office Fax: _____

SCAR Processing Fees and Dues are non-refundable

New Applicant

Processing Fee	\$25.00
New Office Fee	\$125.00

New BROKER: _____

The above licensee is affiliated with my office. This authorizes the above Agent to access CRMLS. *(Signature of New BROKER)*

I hereby apply for continued membership in the Scenic Coast Association of REALTORS®, the California Association of REALTORS, and the National Association of REALTORS. I agree to continue to abide by the Constitution, the bylaws, Rules and Regulations and the Code of Ethics, including the obligation to arbitrate any further disputes with another member of Scenic Coast Association, or member of the California Association, or member of any cause except transfer, I will discontinue the use of the designation REALTOR in all certificates, signs, or other indication of membership.

Agent Signature: _____ Date: _____

Our mission is

"to empower members to attain the highest professional and ethical standards of practice by being the leading source for real estate information, education, materials and services."