

**SHASTA ASSOCIATION OF REALTORS  
SEVERANCE AND RE-AFFILIATION FORM**

**SEVERANCE**

**OLD OFFICE INFORMATION**

When a Designated Realtor or MLS Participant severs a licensee from his / her firm, this form must be signed and submitted to the Board Office within seven (7) days of severance so that all records can be changed accordingly. (Please print)

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
REAL ESTATE IDENTIFICATION # \_\_\_\_\_

The above licensee has left my firm and license has been removed and returned to the agent as of this date \_\_\_\_\_. License has been returned to the Department of Real Estate as of this date \_\_\_\_\_, or handed to the licensee as of this date \_\_\_\_\_.

If you are assigning all listings currently with your office to this agent please indicate with the MLS numbers, \_\_\_\_\_

Signed: (agent) \_\_\_\_\_ Date: \_\_\_\_\_  
Signed: (broker) \_\_\_\_\_ Firm: \_\_\_\_\_

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**RE-AFFILIATION**

**NEW OFFICE INFORMATION**

This form must be submitted to the Board Office within seven (7) days of re-affiliation with new employing broker with a \$40.00 service fee payable to the Shasta Association of Realtors. Said fee will cover the costs of sending your changes to the Department of Real Estate, changing the roster, changing accounting records, changing the existing listings, and all other records associated with your membership. (Please print)

LICENSEES NAME: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
FIRM NAME: \_\_\_\_\_  
FIRM ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
BROKER NAME & SIGNATURE: \_\_\_\_\_  
EFFECTIVE DATE: \_\_\_\_\_

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\_\_\_\_\_ to be completed by Shasta Association of Realtors \_\_\_\_\_

flexMLS \_\_\_\_\_ shastaml.com \_\_\_\_\_ National Database \_\_\_\_\_ Billing \_\_\_\_\_ Paid y/n \_\_\_\_\_