



Notification of Change Form

Member Services

4845 Ronson Court, San Diego, CA 92111

Phone: (858) 715-8040 ■ (800) 525-2102

Fax: (858) 715-8088 ■ www.sdar.com

Please check the appropriate boxes and complete all information requested below. A photocopy of your CalBRE license must accompany this form (except for notice of severance). If this form is faxed, there is no need to mail original. For additional information, call Member Services. Please allow 24 to 48 hours processing time.

Change Form Applies To:

Agent MLS ID # _____ Assistant MLS ID# _____ Office Manager ID# _____

New Affiliation or Re-Affiliation

Inter-Office Transfer

Notice of Severance

CalBRE Form RE 214 has been submitted to the CalBRE

Name of Agent/Assistant/Office Manager: _____

Agent Contact # (MLS): _____ Preferred Fax: _____

Firm address for Agent/Assistant/Office Manager: _____

E-mail for Agent/Assistant/Office Manager: _____

Agent Signature (for Assistant change): _____

Broker Name: _____

(Please print)

Broker Signature: _____ Date: _____

Firm Name: _____ Firm #: _____