

CCAR LISTING TRANSFER FORM

To transfer listing(s): Complete this form and email it to mls@ccar.net.

FROM: Designated REALTOR® of firm
Transfer listing(s) from:

Releasing Office Name: _____ MLS Office Code: _____
 Releasing Agent Name: _____ Agent License #: _____

I agree to release the following listing(s):

MLS #	ADDRESS	STATUS (Active, Pending, etc.)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____

Releasing Broker Signature/Authorized Signature: _____ Date: _____

Transfer Listing(s) to:

New Office Name: _____ MLS Office Code: _____
 Agent Name: _____ Agent License #: _____
 Office Address: _____ City: _____ State: _____ Zip: _____
 Office Phone: _____ Agent Phone: _____

I agree to accept the above listing(s).

Receiving Broker Signature/Authorized Signature: _____ Date: _____