



## MetroList Services, Inc. Broker Change Form

<b>For MLS Use Only</b>
Member Num. _____
Office Num. _____

<b>Fax When Complete To An Admin Center</b>	El Dorado (530) 676-0180	Placer (916) 624-8023	(916) 624-8023
	Lodi (209) 368-8289	Sacramento (916) 922-1221	(916) 922-1221
	MetroList Main Office (916) 922-1835	Stockton (209) 954-4196	(209) 954-4196
	Modesto (209) 549-7079	Yolo (530) 666-7444	(530) 666-7444

**Current Participant/Responsible Member**

The purpose of this form is to transfer responsibility for agents and listings under a corporate license from one licensed officer to another.

In order for this form to be processed:

The new broker (New Participant/Responsible Member) must show as a licensed officer on the corporate real estate license.

The new broker (New Participant/Responsible Member) must have a separate subscription to MetroList Services. The former broker's (Current Participant/Responsible Member's) account is not an 'office account' and cannot be transferred to the new broker.

**This section is to be completed by the current Participant/Responsible Member**

This is to inform MetroList Services, Inc. that \_\_\_\_\_  
Print Current Participant's Name

Responsible Member of the following office(s), wishes to transfer responsibility of the following office(s) to \_\_\_\_\_

\_\_\_\_\_  
Print New Participant's Name

**Type of Action(s):**

Release responsibility for all Subscriber(s), Clerical User(s), and Office Listings to the New Participant listed above

Select Only One:

Currently a Participant, creating a new office (Office Change Form is also required)

Currently a Participant, changing status to a Subscriber (Agent Change Form is also required)

Cancel my MetroList MLS Service as of \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Participant Name \_\_\_\_\_ BRE License Number \_\_\_\_\_

Office Name \_\_\_\_\_ MLS Office ID \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State CA Zip Code + Four \_\_\_\_\_ -

\*\* Please list all additional offices on a separate sheet of paper and attach to this form\*\*

**This section is to be completed by the new Participant/Responsible Member**

Office Name \_\_\_\_\_ MLS Office ID \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State CA Zip Code + Four \_\_\_\_\_ -

Office Phone \_\_\_\_\_ - - Office Fax \_\_\_\_\_ - -

**Required Signatures**

Current Participant/Responsible Member Signature	Print Current Responsible Member Name	/ /
New Participant/Responsible Member Signature	Print New Responsible Member Name	/ /
		Date