

**Sussex County Association of REALTORS®**

**23407 Park Avenue, Georgetown, DE 19947**

**Phone: 302-855-2300 Fax: 302-855-2319**

**REALTOR® CHANGE FORM**

Type of Change (Please check the appropriate box)

\_\_\_\_\_ **TRANSFER** – Complete Section 1 & Section 2 & Section 3. *Please forward \$35 Administration Fee to SCAOR. Transfer will not occur until monies have been received. You will still be obligated for MLS and/or Dues fees until Administration Fee has been received. E-Mail Address is REQUIRED. Please include copy of the DREC Form.*

\_\_\_\_\_ **INACTIVE/TERMINATION** – Complete Section 1 & Section 2 & forward a copy of the DREC Form.  
\*\*If REALTOR® has SAFEMLS Token and/or Sentri Card, and is going inactive, please return items to SCAOR\*\*

\_\_\_\_\_ **NAME CHANGE /ADDRESS CHANGE/LICENSE CHANGE** – Complete Section 1 & forward a copy of the DREC form (If Available)

\_\_\_\_\_ **REINSTATEMENT**– Complete Section 1 & 3. Please forward \$50 Reconnection fee to SCAOR office. **Reinstatement allowed only if reinstating within 6 months. (MLS & Dues maybe assessed also)** Please contact SCAOR for correct amount due.

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**SECTION 1- MUST BE COMPLETED** Old Name: \_\_\_\_\_ **DATE:** \_\_\_\_\_

REALTOR® Name: \_\_\_\_\_ **New License #:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home City: \_\_\_\_\_ Home State: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*E-Mail Address:** \_\_\_\_\_

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**SECTION 2 - the RELEASING BROKER MUST** complete this section.

**\*\*As a courtesy, listings can be transferred. Please check option, if nothing is checked all listings will return to broker. Once the transfer is processed we can not retransfer listings back to agents.**

NO Listings Go with Agent  All Listings go with Agent

Only these listings go with Agent: \_\_\_\_\_

Office: \_\_\_\_\_ Firm ID: \_\_\_\_\_

Address: \_\_\_\_\_

Broker Signature: \_\_\_\_\_

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**SECTION 3 – the NEW BROKER MUST** complete this section.

**MLS Access:**  Search Only (30)  Search/Input (40)  
 Rental Waiver(No Access)  Designated Realtor (60) **Broker Access**

Office: \_\_\_\_\_ Firm ID: \_\_\_\_\_

Address: \_\_\_\_\_

**Agent’s New Email Address:** \_\_\_\_\_

New Broker Signature: \_\_\_\_\_

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If you have any questions about this form or need your payment amount,  
Please call Crystal Hudson at (302) 855-2300 ext 201.

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