

THE NORTHERN FAIRFIELD COUNTY ASSOCIATION OF REALTORS®, INC.

15 Stony Hill Road, Bethel CT 06801
Tel: 203-744-7255 Fax: 203-792-9962
www.nfcar.com

NFCAR TRANSFER FORM

Name: _____ Agent ID # _____

Effective _____, I will no longer be associated with the following office

_____. Beginning _____, my

new office affiliation will be with the following office: _____.

Please Update The Following Information: (Mandatory)

Real Estate License Number: _____ **Broker / Salesperson / Appraiser**
Please circle one

Personal Information:
(Required)

Social Security # XXX-XX- _____

Date of Birth _____

Home Address: _____

Home Phone: _____

Fax Number: _____

EMAIL: _____

Website: _____

[New] Office Affiliation:
(Required)

Office Name: _____

Office Address: _____

Office Phone: _____

Office Fax : _____

EMAIL: _____

Website: _____

Specialization:

- Residential (100) Commercial (200)
- Property Mgmt. (206) Land, Residential (105)
- Appraisal (109) Other _____

Position with Office:

- Salesperson (100) Principal (120)
- Office Manager (122) Partner (121)
- Corp. Officer (121) Other _____

Note: This TRANSFER does not constitute any agreement between the parties nor does it discharge, release or waive the rights and obligations of the parties. This form is solely for the purpose of processing Northern Fairfield County Association of REALTORS®, Inc. membership information.

REALTOR® Signature: _____ **Date:** _____

- NFCAR USE ONLY -

NRDS Numbers:

Member ID #: _____ Office ID # _____

Membership Type: Primary Secondary

REALTOR® Designated REALTOR® Affiliate Member Appraiser Office Manager

Dates Entered into Computer:

NRDS _____ AmMe Date: _____