



Santa Cruz County Association  
of REALTORS®, Inc.

**OFFICE TRANSFER FORM**  
**Processing Fee \$30**

\*Completely Fill out this form and DRE form RE214 and fax back to 831-464-2881. New Designated Broker signature is required.

**Personal Information**

Last Name:	First Name	M.	Member #
Phone:	Alternate Phone: (Cell, Pager)		
E-mail Address			

I Prefer My Primary Mailing Address to be

Company       Home

**NEW**  
**Company Information**

Company/Firm Name:	Broker Name	
Address:		
City:	State:	Zip:
Phone:	Ext.	Fax:

**OLD**  
**Company Information**

Company/Firm Name:	Broker Name	
Address:		
City:	State:	
Phone:	Ext.	Fax:

**SIGNATURES**

Member's Signature	Date
New Designated Broker	Date

**Office Transfers Require a \$30 Processing Fee**  
( The Following Authorizes SCCAR to charge your Credit Card)

Name as it Appears on Credit Card	CC Billing Address:	
Credit Card Number #	VIN#	Expiration Date

2525 Main Street, Soquel, CA 95073 Phone 831-464-2000 Fax 831-464-2881

[www.mysccar.org](http://www.mysccar.org)