

Hemet-San Jacinto  
Association of REALTORS®  
MLS Subscriber Transfer/Release Form



**Agent/Staff Information:**

Name: \_\_\_\_\_

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

\_\_\_\_\_

City

State

Zip Code

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_ Please **DELETE** membership &/or MLS with the HSJAOR for the above agent/staff  
(MLS Token must accompany this form to be valid)

**Terminating Broker Information:**

Firm Name: \_\_\_\_\_

Broker Name: \_\_\_\_\_

Signature of Releasing Broker \_\_\_\_\_

(By signing Broker approves that the agent is in good standing with Broker/Firm and request is ok to process)

**New Broker Information:**

Effective Date: \_\_\_\_\_

Firm Name: \_\_\_\_\_

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

\_\_\_\_\_

City

State

Zip Code

Office #: \_\_\_\_\_ Office Fax #: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above licensee has transferred to this office. This authorizes his/her access to the HSJAOR Multiple Listing Service. Further I understand that I am responsible for the agents use or misuse of the service in accordance with the HSJAOR bylaws as well as the content Policy & Procedures.

Broker of Record and/or Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_