



Unleash The Power!

MetroList Services, Inc Broker Change Form

Fax to
your
Service
Center

El Dorado.....(530) 676-0180
Lodi.....(209) 368-8289
MetroList Main Office.....(916) 922-1835
Modesto.....(209) 549-7079
Placer.....(916) 624-8023

Pleasanton.....(925) 730-4931
Sacramento.....(916) 922-1221
Stockton.....(209) 954-4196
Yolo.....(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 can not be transferred to the new broker.

Both the former and new broker must sign this form.

*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 _____ DRE License _____

Office Name _____ MLS Office ID _____

Office Address _____

City _____ State _____ Zip Code + four _____ - _____

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

Current Participant/Responsible Member Signature Date ____ / ____ / ____

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

New Office Information (If different than above):

Office Name _____ MLS Office ID _____

Office Address _____

City _____ State _____ Zip Code + four _____ - _____

Office Phone _____ - _____ - _____ Office Fax _____ - _____ - _____

New Participant/Responsible Member Signature Date ____ / ____ / ____

MetroList Authorized Representative Date ____ / ____ / ____