



METROPOLITAN INDIANAPOLIS BOARD OF REALTORS®

1912 N. Meridian Street
 Indianapolis, Indiana 46202
 317-956-5000 X 401 • Fax 317-956-5050

Agent Transfer Form

OFFICE INFORMATION

Company Name _____ Firm # _____ Broker Code _____
 Address _____ Phone _____
 City State Zip _____ Fax _____

TRANSFERRING AGENTS JOINING COMPANY

(Agents added during the first 5 business days of the month will be charged for MLS service in that month)

Name	Agent ID#	MLS Access		MLS Billing Quarterly/Annual	Agent Phone/VM
		Search	Add/Edit		

TRANSFERRING AGENTS LEAVING COMPANY

Name	Agent ID#	Medical Leave * (90 Days or more)	Transfer Company	Transfer Credit **	Returning License

AGENTS CHANGING STATUS

Name	Agent ID#	Change Status R to RA ***	Change Status RA to R	Change Status to Referral	Copy of License?

* A request for Medical Leave of Absence requires a minimum of 90 days and a written statement from the Principal or Managing Broker and the Agent.

** Please indicate if applicable MLS credits are to remain with the old company or transfer to the new company.

*** A Licensed Assistant Release form needs to be submitted with this form.

Signature: _____ Date: _____
 Principal/Managing Broker