



**Southern Vermont Board of Realtors®**

*c/o Vermont Association of Realtors  
PO Box 1284, Montpelier, VT 05601  
Phone: 802-229-0513  
Return to [racheal@vermontrealtors.com](mailto:racheal@vermontrealtors.com)*

***Member Office Transfer Form***

***All applicants transferring between MEMBER firms who have Primary or Secondary REALTOR® membership with SVBR® are required to complete this form and submit along with a signed copy of the Vermont Real Estate Commission's "Change of Information Form", or copies of new licenses.***

*Please return form to SVBR® by email to [Racheal@vermontrealtors.com](mailto:Racheal@vermontrealtors.com)*

***PLEASE PRINT LEGIBLY***

*Name as shown on License* \_\_\_\_\_

*License #* \_\_\_\_\_

*License Effective Date (Most Recent):* \_\_\_\_\_

*License Type: (circle all that apply) Broker      Salesperson      Appraiser*

*MI Member Number (NRDS Number):* \_\_\_\_\_

*Home Address* \_\_\_\_\_

*City* \_\_\_\_\_ *ST* \_\_\_\_\_ *ZIP* \_\_\_\_\_

*Home Phone* \_\_\_\_\_ *Cell Phone* \_\_\_\_\_

*E-Mail Address* \_\_\_\_\_ *Agent Website* \_\_\_\_\_

*Office Transferring From* \_\_\_\_\_

*New Office* \_\_\_\_\_ *Office License#* \_\_\_\_\_

*Designated REALTOR®/Managing Broker of New Office* \_\_\_\_\_

*Office Address* \_\_\_\_\_

*City* \_\_\_\_\_ *ST* \_\_\_\_\_ *ZIP* \_\_\_\_\_

*Office Phone* \_\_\_\_\_

*Office Website* \_\_\_\_\_

***Member Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

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