



LOCAL
ACCURATE
TRUSTED

314 Franklin Ave, Suite 106, Berlin MD 21811
410-641-4409

Office Change Request Form

Please only complete the fields for the information that you wish to change.

Type of Professional Change (please select one):

- _____ Agent Transfer – For agents transferring from one member office to another (**New Broker** signature required).
_____ Reactivation – For agents who are within 6 months of properly leaving Coastal Association's Membership.
_____ Inactive/Termination – For agents who are putting their license inactive with **MDREC or nonmember brokerage**.
_____ Office Changes – For changes to office address, name, phone numbers or email.

AGENT CHANGES:

Today's Date: _____

Agent Name: _____

Agent Email Address: _____

New Broker Office: _____ Office Phone: _____

Company Address: _____

Broker/DR Signature: _____

Releasing Broker Office: _____ Office Phone: _____

Company Address: _____

Releasing Broker/DR Signature: _____

OFFICE CHANGES (Please only indicate that which has changed and company name):

***REQUIRED** Company Name: _____

NEW Office Address: _____

NEW Office Phone: _____ NEW Office Fax: _____

NEW Office E-Mail Address: _____

***REQUIRED** Broker/DR Signature _____ Date: _____

This is a Coastal Association of REALTORS® form and is not used to inactivate/change licensing information with the MDREC.

Please email completed form to info@coastalrealtors.org

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www.CoastalRealtors.org