

**Montgomery Area Association of REALTORS®, Inc.**  
**Multiple Listings Service, Inc.**

**Instructions:**

**TRANSFER:** All three parts must be completed and submitted to MAAR/MLS.

**FEE:** A \$25.00 fee shall be required of a member when a transfer is made. The fee **MUST** be paid before the transfer will be complete with MAAR/MLS.

**PART 1:** (Note: Please type or print information in blue or black ink.)

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

MLS ID # \_\_\_\_\_

Effective: \_\_\_\_\_, member is no longer with \_\_\_\_\_.  
(DATE) (NAME OF COMPANY)

The active listings for this member should:

There are no active listings for said member.

Be assigned to the Broker with the company.

Be assigned to a designated agent with the company (\_\_\_\_\_ designated agent MLS ID#)

Be transferred with the agent to the new company.

Active MLS Numbers \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Former Qualifying Broker (Please Print)

\_\_\_\_\_  
Signature of Former Qualifying Broker

**Part 2:**

Member requesting change must complete this section.

Signature of Member: \_\_\_\_\_

Home Address (Street Address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PART 3:**

I accept responsibility for the actions of the above licensee as well as the listings listed above and give consent for licensee to do business with the company listed below:

\_\_\_\_\_  
Name of Company

Please give this member the following access level to Maintenance in MLS:

Limited Access: Only allowed to add photos/media/fax in and adjust map location

All Access: Allowed to add listings, change listing information, change listing status/price, add photos/media/fax-in, adjust map location, etc

\_\_\_\_\_  
Print Qualifying Broker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Qualifying Broker

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**Return To: MAAR/MLS • 4280 Carmichael Road • Montgomery, AL 36106**  
**Attention: Membership • Email to Sherrilyn Weaver – Fax to 334-396-5516**