



## TRINITY COUNTY ASSOCIATION OF REALTORS BROKER SEVERANCE AND RE-AFFILIATION FORM

### SEVERANCE INFORMATION

When a Designated Realtor or MLS Participant severs a licensee from his / her firm, this form must be signed and submitted to the Board Office within seven (7) days of severance so that all records can be changed accordingly. (Please print)

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
REAL ESTATE DRE # \_\_\_\_\_

The above licensee has left my firm and license has been removed and returned to the agent as of this date \_\_\_\_\_. License has been returned to the Department of Real Estate as of this date \_\_\_\_\_, or handed to the licensee as of this date \_\_\_\_\_.

If you are assigning all listings currently with your office to this agent please indicate with the MLS numbers, \_\_\_\_\_

Signed: (agent) \_\_\_\_\_ Date: \_\_\_\_\_  
Signed: (broker) \_\_\_\_\_ Firm: \_\_\_\_\_

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### RE-AFFILIATION INFORMATION

This form must be submitted to [trinityaor@gmail.com](mailto:trinityaor@gmail.com) within seven (7) days of re-affiliation with new employing broker.

LICENSEES NAME: \_\_\_\_\_  
FIRM NAME: \_\_\_\_\_  
FIRM ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
BROKER NAME & SIGNATURE: \_\_\_\_\_  
EFFECTIVE DATE: \_\_\_\_\_

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Completed by Trinity County Association of REALTORS