For Office Use Only:
M1 # _____ Supra I.D. _____ Supra PIN _____

APPLICATION FOR LICKING COUNTY BOARD OF REALTORS® TRANSFER

This application must be filled out completely & returned to the Board office.

Licking County Board of REALTORS®
57 N. Third St. - Phone 740-345-2151
Newark, OH 43055
lcbr@lickingcountyrealtors.com

Member: National Association of REALTORS®
& Ohio Association of REALTORS®

( )Broker ( ) Salesperson Date of Transfer_____
( )Mr. ( ) Mrs. ( ) Miss ( ) Ms.

Name as shown on license: _____

Name Preferred For Records: _____

Real Estate File Number:_____ ( ) Salesperson ( ) Broker

Home Address:_____ City_____State_____ Zip _____

Name of Office Transferring **FROM:** _____Branch:_____

Are Current Year's Dues Paid there? ( ) Yes ( ) No

Name of Office Transferring **TO:**_____ Branch:_____

Company Address:_____ City_____State_____ Zip_____

Business Phone:_____ Cell #:_____ Home Phone:_____

Business Fax: _____

E-mail Address:_____ Birth Date (month & day only)_____/_____

Where would you like to have your NAR & OAR Publications mailed to? ☐Home or ☐Office

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. Would you like information on joining a Licking County Board of REALTORS® Committee? ☐Yes or ☐No

Do you do volunteer work for any organizations? ☐Yes or ☐No
If yes which ones?_____

Date_____ Applicant's Signature_____