



OFFICE TRANSFER & CHANGE FORM

Please complete the information below, return to SCCAR and update the Department of Real Estate (DRE) using eLicensing. (www.dre.ca.gov) **Broker signature is required.**

PERSONAL INFORMATION

Full Name: _____ Member ID# _____

Phone: _____ Cell: _____

Email: _____

NEW OFFICE INFORMATION

Office: _____ Broker: _____

Office address: _____

City: _____ State: _____ Zip: _____

Office phone: _____ Ext.: _____

OLD OFFICE INFORMATION

Office: _____ Broker: _____

Office address: _____

City: _____ State: _____ Zip: _____

Office phone: _____ Ext.: _____

SIGNATURES (required)

Member signature: _____ Date: _____

New designated broker: _____ Date: _____

Office transfers requires a \$50 processing fee

(by completing the following information you allow SCCAR to process this amount)

Name on credit card: _____

Billing address: _____

Credit Card #: _____

CID#: _____ Exp Date: _____