



# Change of Designated Broker Form

## Member Services

4845 Ronson Court, San Diego, CA 92111  
Phone: (858) 715-8040 ▪ (800) 525-2102  
Fax: (858) 715-8090 ▪ www.sdar.com

Please complete all information requested.  
Return to Member Services by mail or fax.

### Section 1: Relinquishing Broker

I wish to relinquish my position as a Broker of Record for \_\_\_\_\_  
(Firm Name)

to the new incoming Broker \_\_\_\_\_  
(Print Name)

My new member status will be:

- Remain in existing office (  New Broker to complete Notification of Change Form)
- Affiliating with a different firm ( New Broker to complete Notification of Change Form)
- Inactivate MLS and affiliate with no other firm
- Open new firm (Complete Section 1)
- Other, please explain \_\_\_\_\_

Transfer **all active** listings to the new Broker, exceptions see attached

Transfer **all pending** listings

I will be responsible for all outstanding debts incurred by Firm # \_\_\_\_\_ until \_\_\_\_\_ (effective date)

Please print Name \_\_\_\_\_ Member # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Section 2: Incoming Broker

The incoming Broker is responsible for the following:

- A. Complete MLS Participant application (if required)
- B. File all necessary forms with the Department of Real Estate (619) 525-4192
- C. Complete Notification of Change Form for any licensees that are to be severed
- D. Complete new Appointment of Authorization Form

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Accept all MLS listings transferred by the relinquishing Broker                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Responsible for all debts incurred by Firm # _____ as of _____ (effective date) |
| <input type="checkbox"/> | <input type="checkbox"/> | Firm name to remain the same  |

If applicable:

New Firm Name \_\_\_\_\_ Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Please Print Name \_\_\_\_\_ Signature of Incoming Broker \_\_\_\_\_