

Brokerage Transfer Form

Signature of Applicant		Date	
Signature of NEW Broker		Date	
	I recommend this App	ted the Applicants' qualifications and personal plicant for membership in the Central Alberta	
New Broker Sta		tod the Applicants' qualifications and never a	
AB	i ostai code	Thone Number	
Province	Postal Code	Phone Number	
Address		City	
Brokerage Name			
NEW Brokerage I	information		
Employed from	(M/D/Y)	to (M/D/Y)	
FORMER Brokerag Brokerage Name	ge Information		
Email Address	I	Website	
Province AB	Postal Code	Cell Number	
Address		City	
Alias Registered V	With NECA (example, full hame is	s william but you go by bill)	
Alias Registered v	with RECA (example: full name is	s William but you go by Bill)	
Full Legal Name (First, Middle, Last)		
Applicant Informa			

All completed forms should be delivered to <u>Erin</u> at <u>eandersen@carassociation.ca</u> or via fax 403.347.9080

PLEASE Note:

Transferring brokerages starts with RECA.

If your new brokerage information isn't registered with RECA, we cannot process this Transfer form. Kindly ensure your active property listings have been dealt with prior to transferring brokerages with RECA – YOUR ACTIVE LISTINGS DO NOT AUTOMATICALLY TRANSFER.