

Use this form to notify OC REALTORS® when a licensee is no longer under your employ. Once OC REALTORS® receives this completed form, we will remove the agent from your office roster. If the individual being terminated is an Authorized Office Manager, please indicate a replacement who will have managerial rights in the notes section below (this agent/broker-associate must be at the same physical office location and be an OC REALTORS® member in good standing).

This form does not fulfill the DRE's reporting requirements or C.A.R.'s Broker Compliance. In addition to submitting this form, use DRE's eLicensing to remove agents from your license: www.dre.ca.gov.

DATE:					
AGENT INFORM	IATION				
NAME:					
LICENSE #:					
OFFICE / BROKI	ER INFORMA	TION			
OFFICE NAME:					
OFFICE ADDRESS:					
BROKER NAME:	Street	City		State	ZIP
BROKER / AUTHORIZ	ZED OFFICE				
MANAGER SIGNATU	JRE:		REQUIRED		
PHONE:		EMAIL: _			
NOTES:					

PLEASE RETURN TO EITHER OC REALTORS® OFFICE

Member Services FV	• 10540 Talbert Avenue, Ste. 225 West, Fountain Valley, CA 92708 • (714) 375-9313 • (714) 375-9322 fa	IX
Member Services LH	• 25552 La Paz Rd., Laguna Hills, CA 92653 • (949) 586-6800 • (949) 586-0382 fax	
Membership@ocrealtors.org	MEMBER #:	Rev.062920