

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	MATION				
NAME:					
LICENSE #:					
OFFICE / BROK	ER INFORMAT	TION			
OFFICE NAME: _					
OFFICE ADDRESS:	Street	City			- Zin
BROKER NAME:		City		State	·
BROKER / AUTHORI MANAGER SIGNATU	ZED OFFICE				
			REQUIRED		
PHONE:		EMAIL:			
NOTES:					

PLEASE RETURN TO EITHER OC REALTORS® OFFICE