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AGENT STATUS CHANGE FORM

EFFECTIVE DATE: _____

OFFICE NAME: _____ OFFICE ID # _____

AGENTS NAME

AGENTS ID NUMBER

1) _____ ID# _____ Active with this office
 Inactive with this office Transferred To Sent License Back To Lansing
 Another Broker _____
 (Date Sent Back)

2) _____ ID# _____ Active with this office
 Inactive with this office Transferred To Sent License Back To Lansing
 Another Broker _____
 (Date Sent Back)

3) _____ ID# _____ Active with this office
 Inactive with this office Transferred To Sent License Back To Lansing
 Another Broker _____
 (Date Sent Back)

BROKER/ MANAGER SIGNATURE: _____

NOTE: AGENT ID# IS THE LAST SIX DIGITS OF THEIR PERMANENT ID# LOCATED ON THE BOTTOM LEFT HAND CORNER OF THEIR LICENSE. A COPY OF A NEW AGENTS WALL OR POCKET LICENSE INCLUDED WITH THIS FORM IS VERY HELPFUL.