



## OFFICE/BROKER CHANGE FORM

(Please select which one applies to you)

☐ CVAR Agent

☐ CVAR Broker

DRE License#: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

### NEW OFFICE INFORMATION

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Firm Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Old Firm Name: \_\_\_\_\_

### NEW PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

(Please note name changes must be updated on the DRE before we can process the change.)

(If you are only updating a name, address, phone number, email, or website information your Broker doesn't need to sign this form.)

- ☐ I am changing my member status from that of Agent to Broker, and opening my own office.

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Both Signatures must be received before any office changes can be made.)