

The Scottsdale Area Association of REALTORS®

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Name:	MLS ID:
Address:	Preferred Phone:
	()
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TRANSFER	SEVERANCE
Name of Company:	Name of Company:
Office ID Code:	Office ID Code:
Effective Date:	Effective Date:
COMPANY TRANSFERS MUST BE	
ACCOMPANIED BY A \$50.00 TRANSFER	MAKE SURE YOUR INFORMATION IS
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company] Please be aware this does not	check your license status online at
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