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## AGENT TRANSFER FORM

**AGENT NAME:** \_\_\_\_\_

Transferred To: \_\_\_\_\_

From: \_\_\_\_\_

Date: \_\_\_\_\_

New Licensee Date: \_\_\_\_\_

Return Date: \_\_\_\_\_

Terminated Date: \_\_\_\_\_

Broker's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please include a copy of the agent's license & return to TCRA.*

Please email or fax to:  
Fax: (360) 491-1347  
Email: [TCR@Thurstoncountyrealtors.org](mailto:TCR@Thurstoncountyrealtors.org)  
[www.tcra.REALTOR](http://www.tcra.REALTOR)