



# Notification of Change Form

**Member Services**

4845 Ronson Court, San Diego, CA 92111  
Phone: (858) 715-8040 ▪ (800) 525-2102  
Fax: (858) 715-8090 ▪ www.sdar.com

Please check the appropriate boxes and complete the information requested below. A photocopy of your DRE license must accompany this form (except for notice of severance). If this form is faxed, there is no need to mail original. For additional information, call Member Services. Please allow 24 to 48 hours processing time.

**Change Form Applies To:**

- Agent (ID # \_\_\_\_\_ )
- Assistant ( ID# \_\_\_\_\_ )
- New Affiliation or Re-Affiliation
- Inter-Office Transfer
- Notice of Severance

Name of Agent/Assistant: \_\_\_\_\_

Firm address for Agent/Assistant: \_\_\_\_\_

Agent Signature (for Assistant change): \_\_\_\_\_

Broker Name: \_\_\_\_\_  
(Please print)

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

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