

Agent/Admin Change of Affiliation Form

	mination of Affiliation nination of a NON-Licensed Admin or Personal Assistant
For All Agent Changes - Copy of eAccessNY Receipt Required Change Associations – Summary or Termination Association – Summary Request not accompanied with an eAccessNY receipt can NOT be processed.	
Name:	
Submitting Office Name:	MLS OFFICE CODE (ABCD01)
City:	Office Phone #:
Please help us keep our database up-to-date by supplying Agent's most current Contact Information	
Agent's Preferred Published Contact Number: OTHER THAN OFFICE PHONE WHICH ALREADY APPEARS	
Agent's Office Ext: Agent's Personal F	
Agent's Email:	
Agent's Web Site:	
* When terminating an agent from your office make sure you assign any Active listings to another agent in the MLS System.	
Office Declaration (Management	
Office Broker/Manager:	PRINT
	Date:
SIGNATURE	

EMAIL: Support@HGAR.COM or FAX TO: 914-681-6044