

## **REQUEST TO DROP SALESPERSON/ASSOCIATE BROKER**

Tri-County Suburban REALTORS® 1 Country View Road, Suite 201 Malvern, PA 19355 Phone: 610-560-4800 Fax: 610-560-4801 Email: tlavelle@tcsr.realtor

Use this form to notify Tri-County Suburban REALTORS<sup>®</sup> when a licensee is no longer contracted with you. Once Tri-County Suburban receives this completed form, we will remove the licensee from your office roster. If the individual being removed is the Designated REALTOR<sup>®</sup> or responsible member (i.e. office manager), please indicate a replacement who will have managerial rights in the notes section below.

NOTE: This form does not replace or fulfill Pennsylvania's Real Estate Commission requirement, nor does it replace or fulfill Bright MLS' requirement.

Agent Information		Office Use Only:
NAME:		Member #
LICENSE #:		
REASON:		
Escrow (license has been	placed in escrow with State by broker or licensee)	
Referral (license has bee	n placed with a Limited Function Referral Office as designa	ted with state real estate commission)
□ Jurisdiction (licensee has local REALTOR <sup>®</sup> Association	s affiliated with another local REALTOR® association. NOTE n)	: A letter of good standing is required from the new
Transfer to Another Com	pany (licensee has affiliated their license with another cor	npany. Please indicate company here, if known:
	)	
Office Information		
OFFICE NAME:	OFFICE NAME AND CITY REQUIRED	
PRINT NAME:		_ DATE:
BROKER SIGNATURE:	BROKER/AUTHORIZED OFFICE MANAGER SIGNATURE REQUIRED	
NOTES:		

You may send this completed form to Tri-County Suburban REALTORS®, care of Tina Lavelle:

- a PDF via email (<u>tlavelle@tcsr.realtor</u>),
- via fax (610-560-4801) or
- via mail (1 Country View Road, Ste. 201, Malvern, PA 19355)