



## Termination Form

When a licensee is terminated from an office by the Designated REALTOR® this form must be submitted to the Association without delay to update the office records.

Member # \_\_\_\_\_ CalBRE# \_\_\_\_\_

Name of Licensee \_\_\_\_\_  
Last First MI.

Office # \_\_\_\_\_

Office Name \_\_\_\_\_

Office Address \_\_\_\_\_  
Street City Zip

The above licensee has been severed from my office

I \_\_\_ have \_\_\_ have not informed the California Bureau of Real Estate.

(Designated Broker is responsible for notifying the CalBRE of all terminations)

\_\_\_\_\_  
Signature of REALTOR®

\_\_\_\_\_  
Date

Return completed form to:

Membership Department  
6330 San Vicente Blvd., Suite 100  
Los Angeles CA 90048  
(310) 967-8800 – Office

