Central Mississippi REALTORS®

# LICENSEE STATUS FORM

PREFERRED MAILING ADDRESS ☐ HOME ☐ OFFICE

## LICENSING

Have you ever been licensed in Mississippi or any other state? ☐ Yes ☐ No

If yes, please provide M1 #: _____

Note: Providing false or incomplete information can cause unexpected delays on application processing.

## LICENSEE HOME INFORMATION (PLEASE PRINT CLEARLY)

Name of Licensee _____ Agent ID _____

Address _____ Date of Birth _____

City/State _____ Zip _____ Phone _____

E-Mail Address _____ Cell Phone _____

Real Estate License # _____ FAX _____

## LICENSEE COMPANY INFORMATION (PLEASE PRINT CLEARLY)

☐ OFFICE ADDRESS CHANGE

Company Name (As Listed on License) _____ Company ID _____

Address _____ Phone _____

City/State _____ Zip _____ FAX _____

## LICENSE

☐ **New Licensee** Date submitted: _____
Include copy of wall license & REALTOR® Packet

☐ **Transferring to Referral Company** $100 fee to CMR Date on license: _____
Include copy of new wall license.

☐ **License Returned to MREC** Date submitted: _____

☐ **Transferring to Another Firm** $100 fee to CMR Date submitted: _____
Include copy of new wall license.

☐ **Opening My Own Office** Date submitted: _____
Include copy of broker wall license, copy of company license & DR Packet

## MEMBERSHIP STATUS

☐ Designated REALTOR® ☐ REALTOR® Member ☐ Non-Member License

☐ Appraiser Non-Member ☐ Appraiser Member ☐ Affiliate

## SIGNATURE

_____ _____

**Broker Signature** **Date**

FOR OFFICE USE ONLY

CMR STAFF INITIALS: _____ DATE: _____

Return completed form to: membership@cmr.realtor

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