

LICENSING

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

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

If yes, please provide M1 #: _____

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
Include copy of wall license & REALTOR® Packet Date submitted: _____

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

License Returned to MREC Date submitted: _____

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

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: _____