

Notification Form of New Hire/Termination

Please complete this form to notify the Greater Boston Real Estate Board (GBREB) of any changes within your office. You may return this form by mail (GBREB, c/o Membership Dept., 11 Beacon Street, First Floor, Boston, MA 02108) or fax (617-338-2600). Importantly, to comply with state law, please be aware that any change in business affiliation by an agent or broker also must be communicated to the Massachusetts Board of Registration of Real Estate Brokers & Salespersons (239 Causeway Street, Suite 500, Boston, MA. 02114 Phone #: 617-727-2373)

Firm Name _____

Address _____ **City** _____

Name _____ **Email** _____

License Status: Broker Salesperson **License Number*** _____ **Exp. Date** ____/____/____

Title or position with firm: Agent Sales Manager Other _____

- | | | |
|--|---|---------------------|
| <input type="checkbox"/> New Hire | <input type="checkbox"/> Transferred | Date ____/____/____ |
| <input type="checkbox"/> Termination of Affiliation | | Date ____/____/____ |
| <input type="checkbox"/> Retired from Real Estate | | Date ____/____/____ |
| <input type="checkbox"/> Transferred to another Massachusetts Board | | Board Name _____ |

Name _____ **Email** _____

License Status: Broker Salesperson **License Number*** _____ **Exp. Date** ____/____/____

Title or position with firm: Agent Sales Manager Other _____

- | | | |
|--|---|---------------------|
| <input type="checkbox"/> New Hire | <input type="checkbox"/> Transferred | Date ____/____/____ |
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| <input type="checkbox"/> Transferred to another Massachusetts Board | | Board Name _____ |

Name _____ **Email** _____

License Status: Broker Salesperson **License Number*** _____ **Exp. Date** ____/____/____

Title or position with firm: Agent Sales Manager Other _____

- | | | |
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| <input type="checkbox"/> New Hire | <input type="checkbox"/> Transferred | Date ____/____/____ |
| <input type="checkbox"/> Termination of Affiliation | | Date ____/____/____ |
| <input type="checkbox"/> Retired from Real Estate | | Date ____/____/____ |
| <input type="checkbox"/> Transferred to another Massachusetts Board | | Board Name _____ |

*The Designated REALTOR® or Sales Manager must sign this form. *Please include the REALTOR®'s license number.*

Signature

Date