

## 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., One Center Plaza, Mezzanine Suite, 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 (1000 Washington Street, Suite 710, Boston, MA. 02118 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"/> <b>New Hire</b>                                   | <input type="checkbox"/> <b>Transferred</b> | Date ____/____/____ |
| <input type="checkbox"/> <b>Termination of Affiliation</b>                 |   | Date ____/____/____ |
| <input type="checkbox"/> <b>Retired from Real Estate</b>                   |   | Date ____/____/____ |
| <input type="checkbox"/> <b>Transferred to another Massachusetts Board</b> |   | Board Name _____    |

**Name** \_\_\_\_\_ **Email** \_\_\_\_\_

**License Status:**  Broker  Salesperson **License Number\*** \_\_\_\_\_ **Exp. Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Title or position with firm:**  Agent  Sales Manager Other \_\_\_\_\_

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

**Name** \_\_\_\_\_ **Email** \_\_\_\_\_

**License Status:**  Broker  Salesperson **License Number\*** \_\_\_\_\_ **Exp. Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Title or position with firm:**  Agent  Sales Manager  Other \_\_\_\_\_

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

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

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*