

# **Subscriber Transfer Form**

| Full Name:                        |   |   |
|-----------------------------------|---|---|
| License #                         | NRDS #  |   |
| Phone #                           | Email:  |   |
| Transferring from:                | to:   | :   |
|                                   | Old Office  | New Office  |
| New Office Address                |   |   |
| New Broker in Charge:             |   |   |
|                                   | Salesperson, Broker, or Appraiser.  or Appraiser who is a Participant of                          | f the BSC MLS.  |
|                                   | knowledge that:<br>license, or appraiser's certificate mu<br>paid with this signed application be |   |
| fee.  ☐ I must comply with the E  |   | ociated with is liable for my quarterly MLS subscription ocedures; failure to comply may result in fines or other |
| *The fees associated with joining | g the MLS are as follows: (Payments I   | must be made out to the Big Sky Country MLS)  |
|                                   | Fee<br>Fees (prorated @ \$50/month)<br>Fees (prorated @ \$35/month)                               | \$100.00<br>\$150.00<br>\$105.00  |
|                                   |   | s of the National Association of REALTORS® (NAR), and<br>d Association, the State Association, and the National   |
| Subscriber Signature              |   | Date  |
| Broker in Charge Signature        |   | <br>Date  |

Send Subscriber Application/Reactivation Forms to:

### **Big Sky Country MLS**

**By Mail:** 2880 Technology Blvd. West • Suite 159 • Bozeman, MT 59718

By Email: Danielle@gallatinrealtors.com

\*Payments must be made out to the Big Sky Country MLS

## **BIG SKY COUNTRY MLS LISTING TRANSFER FORM**

| Acces 5 UNION   |  |  |  |
|---|--|--|--|
| Agent Full Name:  |  |  |  |
| Former Brokerage:   |  |  |  |
| New Brokerage:  |  |  |  |
| IMPORTANT!! READ THE  | POLICY ON LISTING TRANS  | SFERS BELOW <u>BEFORE</u> YOU COMPLE   | ETE THIS FORM  |
| Ownership of listings may also be g<br>company. Listings obtained by a sa<br>by the owner or lessor of real estat | coverned by the terms and<br>lesperson are the property<br>te to conduct the sale or le<br>er. Salespersons may ente | s and administrative rules of the Sta<br>provisions of the office policies of a<br>of their supervising broker. If a sale<br>ase of their property, the agreemen<br>r listings into the Multiple Listing Ser | brokerage<br>esperson is chosen<br>t must be signed by |
| ,   | •  | er of the listing, but again, this may ge company the broker licensee is aff   | · · · · · · · · · · · · · · · · · · ·                  |
| •   | BROKER has been confirm  | nding listing they may have in the Ned by the BSCMLS but may be subj   | •  |
|   |  | r Pending contracts they have with to their former Supervising Broker, Al  | •  |
| <b>↓</b> COMPLETE THIS SECTION  | ON ONLY IF YOU ARE A I   | ICENSED <u>BROKER</u> (CHECK ONE (1  | ı) BOX ONLY) ↓   |
| ☐ I am a <b>BROKER</b> and do not have  | any Active/Pending listing   | s in the MLS (no signatures are nece   | essary)  |
| ☐ I am a <b>BROKER</b> and will be takin authorization is required beyond th                                      |  | e/Pending listings with me (see page<br>ee's designation as a BROKER).   | 2 – no additional                                      |
| ☐ I am a <b>BROKER</b> and will not be t  | aking any of my Active/Pe  | nding listings with me (requires signo   | ature from former BIC)*                                |
|   | I  |  | I  |
| Broker Name   | Signature  |  | Date   |
|   |  |  |  |
| * Former BIC Name   | Signature  |  | Date   |
| <b>↓</b> COMPLETE THIS SECTION  | ONLY IF YOU ARE A LIC  | ENSED <u>SALESPERSON</u> (CHECK ON   | IE (1) BOX ONLY) ↓                                     |
| ☐ I am a <b>SALESPERSON</b> and do no   | have any Active/Pending  | listings in the MLS (no signatures are   | e necessary)   |
|   |  | Active/Pending listings with me (see age of Broker AND their new Supervising   |  |
| □ I am a <b>SALESPERSON</b> and will no<br>Supervising Broker)  | t be taking any of my Acti   | ve/Pending listings with me (transfe   | r them to my former                                    |
| Salesperson Name  | Signature  |  | Date   |
| Former Supervising Broker   | Signature  |  | Date   |
| New Supervising Broker  | Signature  |  | Date   |

#### **READ THESE INSTRUCTIONS CAREFULLY!!!**

Enter ALL your Active and Pending listings below. Indicate which listings will be transferring with you to your new brokerage by marking YES or NO next to each one.

**BROKERS** – any listing you check as NO will be transferred to the Broker in Charge at your former brokerage.

**SALESPERSONS** – any listing you check as NO will be transferred to your former Supervising Broker.

BROKERS in CHARGE and SUPERVISING BROKERS – any listing marked as NO on this page will be transferred over to you. Make sure you contact the seller(s) immediately and notify them that you are now responsible for all remaining performance under the listing agreement. If you wish to terminate your relationship with the seller(s), all contracts and MLS listings must be canceled no later than 11pm the third (3rd) weekday after all required signatures have been obtained.

| MLS# | ADDRESS | TRANSFER TO MY NEW BROKERAGE |   |  |  |
|------|---------|------------------------------|---|--|--|
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | □ YES □ N                    | 0 |  |  |
|      |         | □ YES □ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    |   |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |
|      |         | ☐ YES ☐ N                    | 0 |  |  |

### **BOARD OF REALTY REGULATION 301 S PARK AVE** PO BOX 200513 HELENA MT 59620-0513

PHONE (406) 444-5711

### **CHANGE FORM**

| CHECK APPROPRIATE BOXES  COMPLETE ALL REQUIRED LINES OF INFORMATION (As designated in parentheses)  REMIT APPROPRIATE FEE FOR EACH BOX CHECKED  |                       |         |                |           |     |  |  |
|---|-----------------------|---------|----------------|-----------|-----|--|--|
| CHANGE OF STATUS TO ACTIVE - BROKER (1, 3, 4, 6, 7 & 8)  (Need to show proof of 24 hours of Continuing Education done within the last 24 months)  CHANGE OF STATUS TO ACTIVE - SALESPERSON (1, 3, 4, 6, 7 & 8)  (Need to show proof of 24 hours of Continuing Education done within the last 24 months)  TRANSFER TO A NEW SUPERVISING BROKER if done via mail submission (1 thru 8)  CHANGE OF STATUS TO INACTIVE (1, 5, 7 & 8)  CHANGE OF ADDRESS (1, 2, 3, 4 & 7)  CHANGE OF BUSINESS NAME (1, 2, 3 & 7)  CHANGE OF LICENSEE NAME (1, 3 & 7)  (Documentation required)  RELEASING SUPERVISION OF LICENSEE (1, 2 & 5) |                       |         |                |           |     | \$87.50<br>\$75.00<br>\$40.00<br>\$20.00<br>No Fee<br>No Fee<br>No Fee |  |
| TOTAL AMOUNT REMITTED \$  |                       |         |                |           |     |  |  |
| Licensee's Name 1.  | License Number & Type |         | Home Phone N   | umber     |     |  |  |
| Current Broker or Business Name<br>2.   | License Number        |         | Business Phon  | ne Number |     |  |  |
| New Broker or Business Name 3.  | Business Phone Number |         | Business Fax I | Number    |     |  |  |
| New Broker or Business Address  |                       |         |                |           |     |  |  |
| 4.  | City                  |         |                | ST        | Zip |  |  |
| Current Broker or Releasing Brokers Signature 5.  |                       | LICENSE | NUMBER         | Date      |     |  |  |
| New Broker Signature / E-mail address  6.   |                       | LICENSE | NUMBER         | Date      |     |  |  |
| Licensee's Signature / E-mail address 7.  |                       | LICENSE | NUMBER         | Date      |     |  |  |
| New or Current Home Address 8.  | City                  |         |                | ST        | Zip |  |  |
|   |                       |         |                |           |     |  |  |