



Mississippi Real Estate Commission

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Flowood, MS 39232

Post Office Box 12685

Jackson, MS 39236-2685

(601) 932-6770 – Telephone * (601) 932-2990 – Fax

www.mrec.ms.gov

**Application Fee
\$25.00**

SALESPERSON TRANSFER APPLICATION

(Application will not be accepted unless typed or printed)

PART I TERMINATION OF BROKER – SALESPERSON AGREEMENT

I hereby release _____
(Licensee) _____ *(License #)*

Our broker salesperson relationship has been terminated this date and the license is being returned to the Mississippi Real Estate Commission by the responsible broker. **License must be returned within three (3) days.**

(Signature of Responsible Broker) _____ *(Date)*

PART II ESTABLISHMENT OF NEW BROKER – SALESPERSON AGREEMENT

A. Full Name of Transferring Salesperson _____
(Home Phone)

Applicants Resident Address _____
(Number & Street) _____ *(City/State)* _____ *(Zip Code)*

Name of NEW Responsible Broker _____

Business Address _____
(Number & Street) _____ *(City/State/Zip)* _____ *(Office Phone)*

I understand that my original wall license must be returned to the Commission by my former responsible broker before a new license will be issued and I can resume work. I agree not to take ANY listings or other pertinent information from my former broker without his/her written authorization/consent and any other necessary approvals.

Signature of Transferring Salesperson

SUBSCRIBED and SWORN to before me, this _____ day of _____, 20 _____

My Commission expires _____
_____ *(County)* _____ *(State)*

NOTARY PUBLIC

B. I _____, hereby certify that I am a duly licensed broker in the State of
(Name of Responsible Broker)

Mississippi and have “carefully investigated” the record of _____ who has made application for transfer of his/her license to my real estate brokerage business. I hereby approve such application and “accept full responsibility” for this broker-salesperson.

Signature of Responsible Broker

SUBSCRIBED and SWORN to before me, this _____ day of _____, 20 _____

My Commission expires _____
_____ *(County)* _____ *(State)*

NOTARY PUBLIC