



Team ID Application

(For current teams - use January 1, 2017 through January 1, 2018 Only – All Fields Required)

Brokerage Name:

Location (s):

Team Name:

Responsible Team Member:

Preferred Mailing Address:

Team Contact Phone:

Team Contact Email:

Please list all team members:

Member Name	U#	Transfer Stat History? Y/N	If Yes, Date to Begin History Transfer	Signature

Please note that all current listings of each identified team member will be transferred to the Team ID assigned. If you choose to have your statistical history transferred it will no longer be available in your individual U#.

All transferred history and statistics created by a team will remain with the Team ID even if the team dissolves. Responsible Team Member, initial here: _____

Designated REALTOR® (DR) Name: _____

Designated REALTOR® Signature: _____

By submitting the Team ID Application with appropriate signatures, you are agreeing to the terms of the Team ID Policy and are now required to enter and close all listings with the assigned Team ID.

Teams will be required to submit a recertification to the Cape Cod & Islands Multiple Listing Service, Inc. for updating member records.