



## Agent Disaffiliation Form

This form is to be used to disaffiliate an agent from a company. Please allow 1-2 business days for agent to be removed from your CCAOR and/or CCIMLS office roster.

**Please Note –Designated REALTOR®/Participant/ Office Manager signature is required.**

**Please submit this disaffiliation form by email to [support@cciaor.com](mailto:support@cciaor.com).**

Effective Date: _____		
<b>Agent Information</b>		
First Name:	Last Name:	MI:
License #:	Member/U #:	
<b>Company Information</b>		
Company Name:	Company Phone:	
Address:		
City:	State:	Zip:

**Please Choose One:**

- This agent’s listings will remain with the office listed above and transferred to the Brokers MLS account.
- This agent’s listings will remain with the agent and transferred to their new office.

By signing below, I confirm the agent listed above is no longer affiliated with my office and will be removed from my CCAOR and/or CCIMLS office roster. I understand it is my responsibility to notify the State of Massachusetts when a licensee is no longer affiliated with my office.

**DR®/Participant/OM Name:** \_\_\_\_\_

**DR®/Participant/OM Signature:** \_\_\_\_\_

