



NEW DR FIRM / OFFICE FORM

Your New Firm must be reflected in TREC and ALL information must be completed

DESIGNATED REALTOR'S INFORMATION:

Name: _____ TREC License # _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

PREVIOUS FIRM / OFFICE INFORMATION:

Previous FIRM Name: _____

NEW FIRM / OFFICE INFORMATION:

NEW FIRM Name: _____

New Office Address: _____

City: _____ State: _____ Zip: _____

NEW Office Phone: _____ New Office Fax: _____

Do you prefer your mailing address be: Home address: Office address:

Website: _____

PAYMENT INFORMATION: There is a \$25 New DR Office Fee and it must be submitted with completed form. Checks should be made payable to WCREALTORS

Credit Card Number: _____

Expiration Date: _____

Card Type: Visa MasterCard AMEX Discover

You may call us with payment information if you prefer

You may email this form to: WCREALTORS@WCREALTORS.ORG or mail / fax it using the information below

OFFICE USE ONLY		
Date Received: _____	Date Processed: _____	Check # _____
Processors Signature: _____		