

bosar5270@gmail.com  
bosar.org

**Biloxi Ocean Springs**  
**Association of REALTORS**



2112 Bienville Blvd., Suite P  
Ocean Springs, MS 39564  
Ph. 228-875-0779

# License Status Change Form

THIS FORM IS NOT FOR LICENSE TRANSMITTAL TO THE MS REAL ESTATE COMMISSION

SEND TO: BOSAR5270@GMAIL.COM

## Member Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ License #: \_\_\_\_\_

Company Name \_\_\_\_\_ Broker Name \_\_\_\_\_

Phone: \_\_\_\_\_

Transfer to Company:

Company Name \_\_\_\_\_ Address: \_\_\_\_\_

Broker: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Transfer: \_\_\_\_\_

Transfer from Inactive status

(please enclose new License)

Date of Reinstatement: \_\_\_\_\_

Transfer to Inactive status

Date: \_\_\_\_\_

License Expired

Date of Expiration: \_\_\_\_\_

Licensee Deceased

Date: \_\_\_\_\_

Transfer from Associate Broker  
to Managing Broker

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Realtor/Broker (Please Print)

\_\_\_\_\_  
Signature of Realtor/Broker

