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TRANSFER TO NEW OFFICE (within LRRRA Board)

*Attention Member: Complete form and return to LRRRA at the address above
along with **\$35.00** processing fee.*

NRDS ID #: _____ TODAY'S DATE: _____

REALTOR® NAME: _____

PREVIOUS FIRM: _____

NEW FIRM: _____

PREFERRED MAILING ADDRESS: _____

CITY/STATE: _____ ZIP: _____

(Is this an address change? ___ Yes or ___ No)

PREFERRED EMAIL ADDRESS: _____

(Is this an email change? If so, old email:) _____

PREFERRED PHONE NUMBER: (_____) _____

FOR OFFICE USE ONLY

Date Received: _____

Date Processed: _____

\$35.00 Fee Paid: _____