Broker's Authorization for Listing Transfer

Date:_____

Agent Name: _____

Agent's CBA Id # _____

Transferred from Office Name: _____

Transferred to Office Name: _____

I authorize the above mentioned agent to transfer the following listings to his/her new member office.

I do NOT authorize the transfer of listings from our office.

Listing #	Listing Type (Sale, Lease or Business) and Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Broker's Signature _____ Date _____

Please PRINT name of Broker _____

Commercial Brokers Association
20700 44th Ave W. Ste #550, Lynnwood WA 98036
Phone: (425) 820-3348 Fax: (425) 821-9494