



Member Delete Form

Subscriber Details

As required of the SmartMLS Rules and Regulations, the undersigned Broker/Participant or its duly authorized manager hereby certify that the following SmartMLS Subscriber, Office Manager, Administrative Assistant, or User is no longer affiliated with the Broker/Participant:

Subscriber Name: _____ Agent ID: _____

Office Name: _____ Office ID: _____

Deletion Type

Further; by signing below the parties certify that the affiliation has been terminated for the reason indicated below:
(Please check the appropriate reason)

Termination

The above mentioned Subscriber or User is no longer affiliated with our Office/Firm or sponsored under our Broker's License. *(A copy of the letter sent to notify the Connecticut Department of Consumer Protection stating the Subscriber is no longer affiliated with the firm or page two of this document must be attached.)*

Other/Out of state MLS affiliation

The Above mentioned Subscriber is actively engaged in the marketing or appraisal of residential real estate, but is no longer affiliated with any of the Participant's offices located within the SmartMLS primary service area and the above Subscriber will neither have access or exposure to, nor make use of 'the SmartMLS service' at any time, in any way. If the above Subscriber does become actively engaged in marketing or appraisal of residential real estate within the SmartMLS service area they will re-affiliate with the SmartMLS, within ten business days, or be subject to the penalties delineated in the then current SmartMLS Rules and Regulations.

Referral

The Subscriber's license has been transferred to an "Affiliated Referral Organization" and the Subscriber will only be engaged in referring customers and clients and are/will not be engaged in listing, selling, leasing, managing, counseling or appraising of real property. *(A copy of the letter sent to notify the Connecticut Department of Consumer Protection stating the Subscriber has been transferred to the Referral Organization must be attached)*

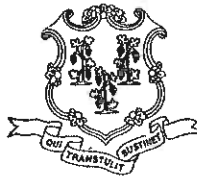
I/We certify the above statements are true and accurate: (Participant Signature required)

Signature of Subscriber: _____ Date: _____

Participant Name: _____
(Broker)

Signature of Participant: _____ Date: _____
(Broker)

STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 LICENSE SERVICES DIVISION
 450 Columbus Blvd, Ste 801
 Hartford, CT 06103
 Email: dcp.licenseservices@ct.gov
 Web site: www.ct.gov/dcp



REAL ESTATE SALESPERSON TERMINATION

This form must be completed by the sponsoring broker/authorized agent and mailed or emailed directly to this office.

SECTION I: SPONSORING BROKER INFORMATION			
Legal Name of Sponsoring Broker		Sponsoring Broker License Number:	
Street Address	City	State	Zip Code
Email Address		Telephone Number	

I no longer accept sponsorship for the salesperson listed below.

Signature of Sponsoring Broker/ Authorized Agent	Date
Print Name of Sponsoring Broker/ Authorized Agent	

SECTION II: SALESPERSON INFORMATION			
First Name	Middle Initial	Last Name	
Email Address			Salesperson License Number:

→ Return this completed form directly to this office at:

Department of Consumer Protection
 License Services Division
 450 Columbus Blvd, Ste 801
 Hartford, CT 06103
 Email: dcp.licenseservices@ct.gov