



Termination of MLS Assistant

Be advised that the below assistant is no longer affiliated with this office effective _____:

Assistant Name: _____
Last Name First Name

Assistant SBAOR#: _____ Assistant MLS ID: _____

Brokerage Name: _____

Was this assistant on a team on the MLS: [] Yes [] No

If yes, what is the team name? _____ Team Lead MLS ID: _____

Supervising Agent Name	Supervising Agent MLS ID

Supervising Agent Signature	Date

Broker Last Name	First Name

Brokers Signature	Date

******All fields must be filled out to process termination.**

Revised October 2021

For Any Questions Contact:
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