



**CHANGE OF OFFICE BROKER**

New Broker Name \_\_\_\_\_ Member # \_\_\_\_\_

Office \_\_\_\_\_ Office # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Old Broker Name \_\_\_\_\_ Member # \_\_\_\_\_

Office \_\_\_\_\_ Office # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Please change the Broker of Record for office effective on \_\_\_\_\_

**PLEASE NOTE:** GAOR membership dues are nonrefundable

**This form must be notarized before submitting it to the association.**

State of California County of \_\_\_\_\_ On \_\_\_\_\_ before me,

\_\_\_\_\_ (insert name and title of the officer) personally appeared

\_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

**I understand that I, the new Broker, must show on the BRE records as the broker of record before the association can make the change.**

Broker Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please email request to [gaor@gaor.org](mailto:gaor@gaor.org)  
or fax to 818-240-3572**