

## ABoR Assistant Termination Form

\_\_\_\_\_  
Terminated Assistant Name

\_\_\_\_\_  
User Name

\_\_\_\_\_  
Terminating Designated REALTOR®

\_\_\_\_\_  
MLS Office ID

\_\_\_\_\_  
Terminating Designated REALTOR® Signature

### Terminated Assistant's Information

\_\_\_\_\_  
Terminated Assistant's Mailing Address

\_\_\_\_\_  
Terminated Assistant's Phone Number

\_\_\_\_\_  
Email Address

#### FOR ABOR STAFF USE ONLY

Processed by: \_\_\_\_\_

Date \_\_\_\_\_