



ABoR REALTOR® Termination Form

Terminated REALTOR® Name _____ License Number _____

Terminating Designated REALTOR® _____ MLS Office ID _____

Terminating Designated REALTOR® _____ Signature _____

| FOR ABOR STAFF USE ONLY | |
|-------------------------|-------|
| Process By: | _____ |
| Date: | _____ |

Terminated REALTOR'S® Information

Terminated REALTORS® Mailing Address _____

Terminated REALTORS® Phone Number _____ Email Address _____

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