



AGENT/OFFICE STAFF CHANGES FORM

This form is to be completed and signed by the broker for any changes with agents or staff.

Date:

Office Role: ☐ Staff ☐ Licensed Assistant ☐ Agent

☐ Addition to office ☐ Removal from office

Brokerage Name: _____

Brokerage Address: _____

Name: _____

If licensed, licensed number: _____

Home Address: _____

Phone: _____ **Email:** _____

SentriLock Access: ☐ YES ☐ NO

Must be licensed for this addition

Access to edit MLS Listings: ☐ YES ☐ NO

Below for ABOR AE Purposes Only:

Activated/Deactivated in Navica

Activated/Deactivated in Sentrilock

Agent in which the Licensed Assistant will be reporting to:

Broker Signature:

Email form back to Kristi: abor@albanyboardofrealtors.com