

Guam Association of REALTORS®

"Voice for Real Estate"

CHANGE OF STATUS	□ Cancel	□ Terminate
Personal Information: Agent's Full Name: (As indicated on legal documents)	Mobile:	
Email:	Date of Release:	
RE License / Appraiser License OR Certificate #:		
Authorized By:		
Principal Name:	Office:	
Reason: CAREER CHANGE RELOCAT	ION RETIREMENT	□ OTHER:
Signature:	Date:	
SUPRA Equipment:		
eKey Serial Number:		
Lockbox Serial Number:		
Option to Lease: Contact GAR Office for more details	s.	
DRT USE ONLY:		
☐ Received ORIGINAL Real Estate License ☐	Received ORIGINAL Rea	Estate ID card
☐ Received ORIGINAL Appraisal License ☐	Received ORIGINAL App	oraisal Certificate
	Acknowledged by	: Department of Revenue & Taxation

INTERNAL USE ONLY:

ITEMS RECEIVED:		REMARKS:
☐ GAR's Change of Status Form stamp	ped received by DRT	
☐ SUPRA Equipment		
☐ GAR Membership Card		
☐ Amount Paid:		
Received by:	Acknowledged by C	CEO:
GAR Staff / Date	•	Initial / Date