SmartMLS Subscriber Affiliation Change Form

Use this form to notify SmartMLS that a Participant, Subscriber, Office Manager, Administrative User, or other authorized user should be removed from SmartMLS access.

Complete any Connecticut Department of Consumer Protection (DCP) actions separately.

1. Participant Information

Participant Name: _____

Office Name: _____ Office ID: _____

2. Individual Being Removed

Name: _____ SmartMLS ID: _____

Connecticut License Number: _____

Role (check one):
☐ Participant ☐ Subscriber ☐ Office Manager ☐ Administrative User

3. Reason for Removal

- ☐ Employment/Association Terminated
- ☐ Transfer to Another Brokerage/Firm
- ☐ Transfer to Referral Brokerage
- ☐ Subscriber is with a Firm Outside of the SmartMLS Service Area
- ☐ Medical Leave
- ☐ Military Leave

Explanation for Medical/Military (if applicable):

_____

4. Participant Certification

- The information provided is true and accurate.
- The individual is no longer authorized to access SmartMLS.
- Any DCP affiliation changes have been completed.
- This request complies with the current SmartMLS Rules & Regulations.

Participant Signature (Broker): _____ Date: _____

Printed Name: _____

Submitting this form does not terminate or transfer a Connecticut real estate license. Participants are responsible for completing any required DCP actions. Current DCP instructions are available at www.elicense.ct.gov.